Illinois Cooperatives and Districts

EasyIEP™
User Manual

PUBLIC CONSULTING GROUP

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Getting Started

<u>Accessing EasyIEP™</u>

To access EasyIEP™, you must have a username and password. EasyIEP™ is a secure website.

1.	Access the Internet from your computer and proceed to the EasyIEP™ website for your district.

It is important to note the "s" in "https". This indicates a secure website, and you must include it in the address.

2.	In order to make accessing EasyIEP™ easier in the future, use the "Bookmark" or "Favorites" function in your Internet browser to store your EasyIEP™ web address.

TOLL FREE SUPPORT

If at any time you need help with EasyIEP™, please feel free to contact an EasyIEP™ Client Service Representative. Phone support is available Monday-Friday, 8:30 a.m. – 5:00 p.m., CST, *excluding holidays*.

(866) 506-2947

Logging Into the System

To Log into EasyIEP™

- Enter Name
- Enter Password (Your password is case-sensitive)
- Click the *Login* Button

Note: NEVER share your login information with anyone!

Trouble Shooting

- Do not use a search feature (like Google Search) to get to the login screen.
- Be sure the address is *exact*—the most common mistake is to forget the "s" in the "https" portion of the address.
- Username is always First name <space> Last name (i.e. John Smith).
- Make certain your keyboard's Caps Lock and Num Lock keys are turned off—they can interfere with lowercase passwords.
- For an easy way to return to the login screen from your office/desk computer, make sure to Bookmark or Save to Favorites the login screen.

Note: If you forget your password, please click the "Forgot Your Password?" link on the login screen or contact your district's EasyIEP™ coordinator to help you reset it

Basic Information

Don't forget the "s" after "http" in the EasyIEP™ web address. For more information on the secure website, click on the Verisign symbol on the login screen.

All actions in Easy IEP™ are single clicks of the mouse.

A help link for the text field
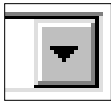
Drop-down menu - only one selection can be made. Click once on the gray box and select an option.
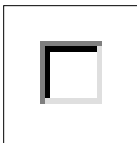
Check box - more than one selection can be made
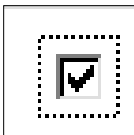
Check box - To add a check, click once on the box.
                      To delete a check, click once on the box.

Calendar icon - To add a date, click on the calendar and scroll through the screens to find the appropriate date.

Spell Check button

Basic Information

Any font in **blue** is an *action link (hyperlink)*. Click on the link and you will automatically be brought to the screen, (ex. Student Personal & Demographic Information section).

✓ Student Personal & Demographic Information

Del: Delete - allows you to delete this item. Simply click on the box and then *"Update the Database"*.

Pos: Position - the numerical order the item appears on the screen in a list format.

New Pos: New Position – you may change the position of your items by numbering the items in the order you would like them to appear on the program and on the IEP document. Click *Update the Database*

Del ?	Pos	New Pos ?
☐	1	
☐	2	

Update the Database

After a change is made to a page, this button CAN be clicked to only save the information. Please save your updates regularly, EasyIEP does NOT have an auto-save function.

Save & Continue

After a change is made to a page, this button CAN be clicked to save the information, run it against the list of error checks, and continue to the next screen.
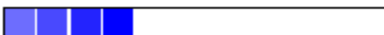
Once the *Update the Database* or *Save & Continue* button has been selected, a progress bar will appear signifying the system is processing the newly input information.

User Types and Security

Access and Permissions (User Types)

Access to the various areas of EasyIEP™ and the permission to execute various functions are controlled by the User Type (Special Education Teacher, School Administrator, IT Administrator, etc.). For example, if you have *view access* to a student's personal information, you will only see the information, but will not be allowed to edit. If you have *edit access* to a student's goals and objectives, you will be allowed to edit that information. View and edit pages will look different.

Permissions control what you are allowed to do on the screens of EasyIEP™. For example, if you have permission to add a student, you will see the *Add Student* button. If you do not have the permission to add a student, this button will not appear on the Student screen.

Security

All EasyIEP™ information is confidential. The server uses Secure Socket Layer (SSL) to encrypt the information as it flows across the internet. This is the same technology that is used to protect your credit card number and other sensitive information that is sent over the internet. Please adhere to the following procedures to ensure security:

- Do not give your account name or password to anyone.
- Do not write your password down where it can be seen by anyone.
- Do not save documents or reports to an unsecured computer.
- Always log off of EasyIEP™ and close your browser when you are finished using the system.

Main Menu Screen
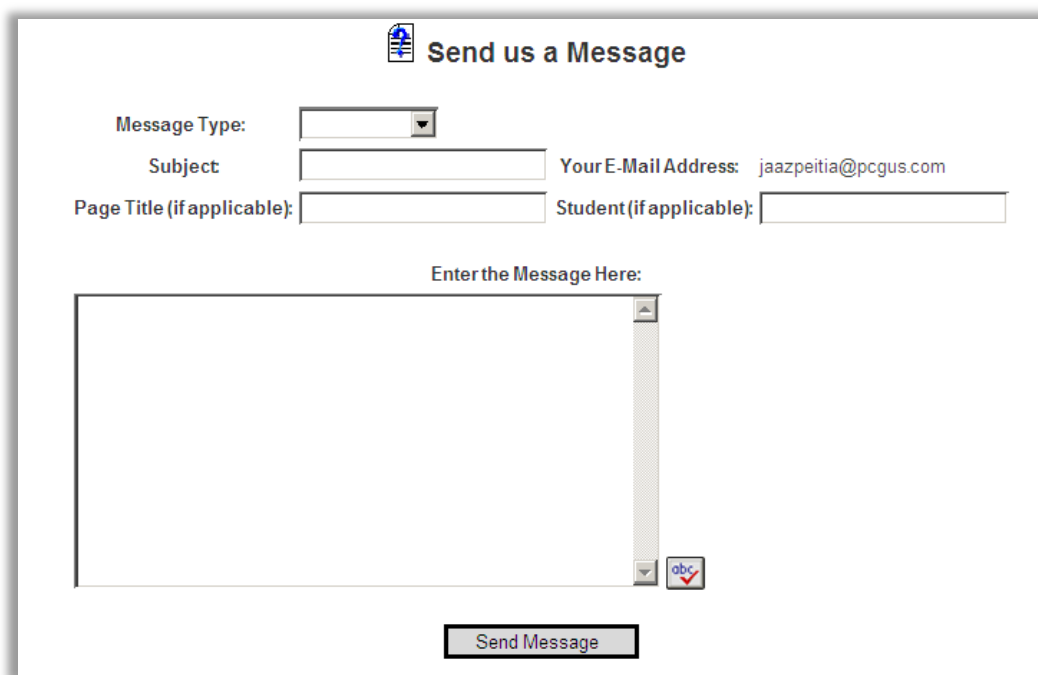
- This is the Main Menu Screen of EasyIEP™. There will be a navigation toolbar located at the top of the screen.
- ***Send us a Message*** is where you, the user, can ask questions or submit suggestions to PCG. We will respond to you through email.
- Check the EasyIEP™ announcements section periodically for important messages.
- Files available for printing/viewing are posted by your Special Education Director and EasyIEP™ Project Manager.

Question/Bug Report/ Comment/Suggestion

To Send a Question / Bug Report / Comment / Suggestion

- On the Main Menu screen, click on ***Send us a Message***.

- From the ***Message Type*** drop-down, select which type of message you would like to send.
- Type the subject of your message in the ***Subject*** box.
- Enter your email address in the **Your e-mail address** box so that we can respond to you.
    This will automatically populate IF your email is entered under My Info.
- Enter the ***Page Title*** or ***Student*** if applicable.
- Add your message to the text box.
- Click once on the ***Send Message*** Button.

*When sending a Bug Report, please fill in the **Page Title** box and also the **Student** box if the error appeared when working with a particular student.*

Change Password/Update Personal Information

To Change Your Password
- *My Info* tab on Main Menu
- Enter current password
- Type new password in both text boxes
- *Update the Database* button

To Update Personal Information
- *My Info* Tab on Main Menu
- Enter current password
- Type new information into the appropriate boxes
- *Update the Database* button

You will only be able to change this information if you have been given the permission to do so. Please consult with district personnel if you do not have permission to change your personal information and would like to.

If you have problems choosing a password, click on the How to choose a good password *link on the site for some tips.*

View Students

Criteria for Selecting Students to View ✉ New Mail!

Grade Level:	All Grades ✱
School:	All Schools ✱
Student Last Name:	☐ Exact Match ?
Student First Name:	☐ Exact Match ?
Student Middle Name:	☐ Exact Match ?
Student ID:	☐ Exact Match ?
State Code:	☐ Exact Match

Status:
- ☐ General Ed   ☐ Initial Determination/Reevaluation   ☐ BehaviorPlus Referred
- ☐ IFSP Referral   ☐ Special Ed   ☐ BehaviorPlus Eligible
- ☐ IFSP Eligibility   ☐ IEP   ☐ BehaviorPlus Diagnosed
- ☐ IFSP   ☐ ISP   ☐ PBS BIP
- ☐ Child Study   ☐ Discontinued   ☐ BehaviorPlus Maintain
- ☐ Referral

Additional Program(s):
- ☐ 504   ☐ Eligible for Reduced Lunch
- ☐ Eligible for Free Lunch   ☐ Limited English Proficiency

Compliance Status:		Compliant	Warning	Overdue
	Referral	☐	☐	☐
	Parental Consent to Evaluate	☐	☐	☐
	Initial Determination/Reevaluation	☐	☐	☐
	IEP	☐	☐	☐
	ISP	☐	☐	☐
	IFSP Eligibility	☐	☐	☐
	IFSP	☐	☐	☐

Medicaid Status:	☐ Has Medicaid Number
Sort List By:	Student's Last Name ✱

[View Students] ?

[Advanced Student Search]

[View My Caseload] ?

- Main Menu tab
- Click on *Students* tab

If you are an **Administrator:**

- Select the criteria you want, such as *School, Student Last Name*, *First Name*, *Student ID*, State ID Number, etc.
- Select the *View Students* button.
- The student's record will appear if only the student fits the entered criteria OR a list of students fit the criteria.

If you are a **Special Education Teacher/Itinerant Staff:**

- The students on your Caseload will appear.

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Selecting a Student

Select a Student ✉ New Mail!

CP	Last Elig	IEP End	School	Grade	Name	Student ID	State Code	Age	Date Of Birth	Dis	Case Manager	BehaviorPlus Status	BehaviorPlus CaseManager
‖		10/08/2009	WES		Adaline Test	ADA123		17 Years	01/23/1994	SLI	Sped Teacher Test		
●	08/10/2009	10/02/2010	TST	5	Beverly Test	77776666777	77776666777	10 Years	11/05/2000	DD,VI	Beverly Douglas		
●	04/01/2007	04/04/2008	RS	12	Bob Test	711221219	711221219	16 Years	10/25/1994	SLI	Sped Teacher Test		
√			TJMS	12	Bob2 Test	711221212	711221212	3 Years	09/07/2007		Sped Teacher Test		
√		01/01/2011	TST	6	BP Test	00000	XXXXXX	12 Years	09/15/1998		Ginger Test		Ginger Test
√			MEHS	10	Brad Test	BT0001	BTSTATE001	15 Years	08/14/1995		JessAnn Randich		Matthew Lilbeth
●	04/01/2004		TJMS	12	Chuck Test	11122121233	11122121233	18 Years	09/07/1992	SLI	Deb Bernardini		
●	04/01/2007	02/25/2011	TJMS	12	Dale Test	71122121233	71122121233	16 Years	09/07/1994	SLI	Sped Teacher Test		
●	04/01/2007	04/04/2008	TJMS	12	Efrain Test	86777	86777	18 Years	09/07/1992	SLI	Jim Carrey		
●	04/27/2009		TST	5	Elig Test	4646464646	4646464646	11 Years	04/06/2000	MR,PI	Sped Teacher Test		
√	06/30/2009	11/20/2010	EC	7	Elim Test	90808080808	90808080808	12 Years	06/19/1998	OHI,PI	Carol Post		
●	04/01/2007	04/04/2008	TJMS	12	Fanny Test	86778	86778	16 Years	09/07/1994	SLI	Jim Carrey		
●	03/25/2009	01/05/2010	TJMS	12	Gaa Test	123123	123123	18 Years	09/07/1992	SLI	Ginger Test	PBSTier2	Ginger Test
‖		04/04/2008	TJMS	12	Gaaab Test	24623452	24623452	16 Years	09/07/1994	SLI	Jim Carrey		

- A compliance symbol will appear to the left of the student's name. The symbol gives the student's eligibility information (click on **CP** for definitions).
- *Note: Clicking on the compliance symbol will direct you to the student's history page which includes important events and documents that have been created in their record.*
- The student's name will be hyperlinked so you can click on the student's name and access the record.
- When you click on a student's name, you will be redirected to the student's personal information page.

Symbols on Student Page

Compliance Symbol Definitions

General Education

✔ Student is not eligible for any type of special education.

▮▮ This compliance symbol displays for any student for which a discontinuation of referral or parent consent denial occurred. The student has returned to the general education population.

Special Education

✔ The student in fully compliant with all IEP / ISP / IFSP and Eligibility requirements.

✉ The student has a new Proposed IEP / ISP / IFSP or SPED / IFSP Eligibility and the system is waiting for the parent's response to be entered.

⊘ The student's new IEP / ISP / IFSP or SPED / IFSP Eligibility has been Rejected and a new one must be Proposed.

! The student has a Rejected IEP / ISP / IFSP or SPED / IFSP Eligibility and it has been over a set period of time after the rejection.

△ The student is Eligible and has an IEP / ISP / IFSP and will soon require that a new IEP / ISP / IFSP be written.

● The student is Eligible and has an IEP / ISP / IFSP, but is now past due to have a new one written and is now out of compliance.

⇥ The student has recently transferred into this school system and will soon require that a new IEP / ISP / IFSP be written.

R↑ The student has recently been re-activated in this school system and will soon require that a new IEP / ISP / IFSP be written.

⚠ The student has been determined Eligible for Special Education and will soon require their 3 year re-evaluation.

🔴 The student has been determined Eligible for Special Education but is past due for their 3 year re-evaluation, and is out of compliance.

⚠ Student has been referred (and may have Parental Consent to Evaluate). The student will soon need their initial Eligibility determination completed.

🔴 Student has been referred (and may have Parental Consent to Evaluate). The student is now past due to receive their initial Eligibility determination and is out of compliance.

⚠ Student has been referred or is eligible, but will soon require Parental Consent to Evaluate.

🔴 Student has been referred or is eligible, but is past due to receive Parental Consent to Evaluate. The student is now out of compliance.

🔴 Student has been referred to special education, but has not yet been determined eligible. The student has not received necessary action and is now out of compliance.

⚠ Student has been referred to special education, but has not yet been determined eligible. The student is coming close to requiring further action (i.e. they are in a 'warning' state.).

✔ Student has been referred to special education, but has not yet been determined eligible.

Student Personal Information

Personal Information for Brian Evan Test, Jr. View: Workspace ☑ New Mail!

Name:	Brian Evan Test, Jr.
Gender:	Male
Race:	Two or More Races
Date of Birth:	02/06/2004 (Age: 8 Years)
Grade:	3rd Grade
Student ID:	20112011
State Code	BET12345
Medicaid Number:	
School:	Washington Elementary School
Next School Year:	-unknown-
Prim. Language:	English
Length of School Day:	5.50 hour(s) (Std)
Student is Responsible	No (Student has Parent's Rights)

- Verify that you have selected the correct student by checking the demographic information for that student.
- If this information is not correct, you must contact your system administrator (**Support Staff, Director**) to have the data corrected in your Student Information System (SIS) first.
- Click the *Referral Process*, *Evaluation Process*, *Eligibility Process* or *IEP Process* button to begin inputting information for the student depending upon their status within special education.

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Parent/Guardian Contact Information

• You will need to enter parent/guardian information for each of your students if parental information was not provided by your districts.

• To access parent/guardian information for your student you will need to go to the student and then click on the **Contact Info** button at the top of your screen.
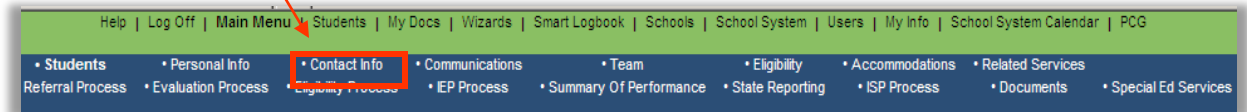
• You will need to click on the **Add new parent/guardian** button to add information for the student.

• You will need to click **Update the Database** in order to save the parent I information that you have just entered.

• Once parent information is listed in the system you will need to click on the **Details** button.

Parent/Guardian Contact Information, cont'd.

- You will need to enter and/or verify the parent/guardian's mailing address as all forms will be printed with that information.
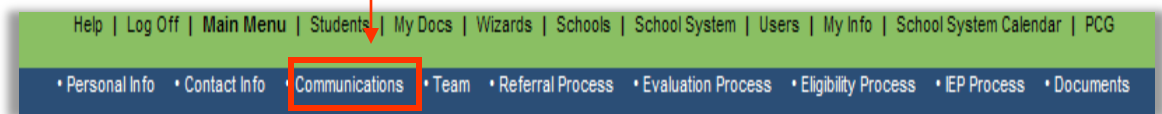- You will need to check the box titled **Guardian Responsibility** for that contact who holds the student's rights.

•It is also recommended to enter the parent/guardian's phone number information.

•You will again have to click *Update the database* to save the information that you have entered.

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Communications

• You have the ability to keep a running log of all parent/guardian/other source communications. In order to track this information you will need to click on the *Communications* link in the blue menu bar.

Help | Log Off | **Main Menu** | Students | My Docs | Wizards | Schools | School System | Users | My Info | School System Calendar | PCG

• Personal Info   • Contact Info | Communications | • Team   • Referral Process   • Evaluation Process   • Eligibility Process   • IEP Process   • Documents

Parent Contacts for Easy IEP Test

There are no Parent Contacts for this student yet.

There are no Non Parent Contacts for this student yet.

Add a Contact   ?

Add a non Parent Contact   ?

• If there are no contacts currently listed for your student you will need to select *Add a Contact* or *Add a Non Parent Contact*.

Add Parent Contact for Easy IEP Test

Person making contact:	Sarah Miller ✶
Person Contacted:	Father test ▾ ✶
Contact Method:	Letter ▾ ✶
Contact Date:	▦ ✶
Contact Result:	▾ ?
Notes:	

Update the database   ?

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Communications, cont'd.

- Your name will automatically populate in the *Person making contact* field.
- You will need to select the *Person Contacted* from the drop-down menu.
- You will need to select the *Contact Method* from the drop-down menu.
- Enter the date of the contact in the text box. You can click on the calendar icon which will pull up a calendar for you.
- Select the *Contact Result* from the drop-down menu.
- You can also type in any notes in reference to the communication in the text box below.

•Make sure to click *Update the database* to save all of the information that you have entered.

Referral Process

- When you click on each one of the processes within EasyIEP, a menu will appear displaying each of the steps within that particular process.
- The last two sections (*Meeting Participants and Create Notification of Conference Recommendations*) in the *Referral Process* are optional.
- Click on *Receive Request and Create Parent Notification 34-57A* to begin.

Create Parent Notification (34-57A)

Receive Request for Evaluation and Create Parent Notification (34-57A) for Brian Evan Test, Jr.

Instructions

Enter the date of the referral.

Enter the source of the referral, whether parent or other individual.

Document the reason for the referral, district decision and relevant factors for the decision.

If source is other, document the referring party and indicate whether the district has an authorization to release information to an outside party.

Request Information

☑ Is this an initial Evaluation?

Date the Request was received: **03/01/2012**

Source of Request: Lolita Williams

Reason For Request:
To evaluate son's learning challenges.

○ A review of the request has determined that an initial evaluation is not appropriate at this time.
◉ A review of the request has determined that an initial evaluation is appropriate at this time.

Reason and relevant factors for decision:
Team has decided that based on several factors, an initial evaluation is deemed appropriate at this time.

Add Parent(s)

- Check whether or not this is an *initial Evaluation* and enter in the date of the referral and the source of the request.
- If source of the request is *Other*, document the referring party and indicate whether the district has an authorization to release information to an outside agency.

Referral source (when not parent/guardian) information for:

Name	
Title	
Agency	
Email	
Address	
City	
State	
Zip Code	
Phone	

☐ I authorize the release of information for the above contact:

Create Parent Notification (34-57A), cont'd.

- Document the reason for the request, district decision and relevant factors for the decision.
- If *Other* was chosen for the **Source of Request**, click on the *Add Parent(s)* icon and type in the parent information.
- Click on the *Save and Continue* button

Create Parent Notification (34-57A), cont'd.

Instructions

Indicate the person who will sign the notification and then create the final document.

34-57A Information

Date the Notice will be sent: 03/02/2012

Signer of Notification: Jack Shepard

Create Draft 34-57A Form   Create Final 34-57A Form

- Indicate when the notice will be sent.
- Choose the **Signer of Notification** from the drop-down.
- To create a draft of the form, click on *Create Draft 34-57A Form*.
- Creating a draft will allow you to preview you the document and check for any errors prior to creating a final form.
- Click *Save and Continue*.

Create Parent Notification (34-57A), cont'd.

- Click on the link to view the document.
- Below is an example of ICAD 34-57A – Cover Letter

Create Parent Notification (34-57A), cont'd.

- Example of ICAD 34-57A - Document
- The Notice of Procedural Safeguards For Parents/Guardians of Students with Disabilities (As of January 2008) automatically prints with the ICAD 34-57A form.

Create Parent Notification (34-57A), cont'd.

- Once you have reviewed the draft for errors, you can go ahead and create the final document.
- To create the final document, click on *Create Final ICAD 34-57A Form*.
- Click on the link to view and/or print the document.
- Click *Save & Continue*.

Create Parent Notification of Conference (34-57D)

• Choose the purpose of the meeting.

• More than one box may be checked.

• If selecting *Other*, manually enter the purpose in the text box.

Meeting Information

Purpose of Meeting:

☑ Review your child's educational status and determine what additional data, if any, are needed to complete your child's evaluation.

☐ Review your child's recent evaluation to determine, reconsider, or change your child's eligibility for special education and related service.

☐ Review your child's eligibility and needs for special education and related services.

☐ Review and or develop your child's Individualized Education Program (IEP) and determine the child's educational placement.

☐ Consider postsecondary goals and transition services (beginning at age 14½).

☐ Consider relatedness of disability to disciplinary code violations.

☐ Consider the need for a functional behavior assessment for your child.

☐ Review a need to create or revise a behavior intervention plan.

☐ Review your child's recent change of placement due to suspension.

☐ Determine the location of the interim alternative educational setting.

☐ Review anticipated date of graduation.

☐ Other:

Create Parent Notification of Conference (34-57D), cont'd.

- Enter the *Date of the Conference*, *Time of the Conference*, *Conference Location* and *Room* if applicable. If the Parent has waived the ten day notice requirement, check the box.
- Click on the box next to the individuals who you want to invite to the conference. If you would like to include *Additional Invited Individuals*, enter in their Name, Title, and Phone.

Create Parent Notification of Conference (34-57D), cont'd.

34-57D Information

To which parent/guardian is this letter addressed? [▼]

Date the Notice will be sent: [   ] 🔢

Signed: [▼]

☐ Do not include team member names.

[Create Draft 34-57D Form] [Create Final 34-57D Form]

Del	Date Generated	Document Type	Type
☐	04/06/2012	ICAD-3457D (Referral)	Final

[<< Back] [Save] [Save & Continue >>]

- Enter the date the Notice will be sent by manually entering the date or clicking on the calendar icon.
- Indicate who will sign the document. If the signee is *other*, type in the person's name and title.
- If you do not want the team members' names to print on the document, click on the button *Do not include team member names*.
- Create a draft to review - view the document by clicking on it.
  Create a final document – view the document by clicking on it.
- Click on *Save and Continue*.

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Create Parent Notification of Conference (34-57D), cont'd.

ILLINOIS DEMO SITE

11 Oyster Bay Road - Anywhere, IL 60000
Phone: 111-111-1111 - Fax: 222-222-2222 - Website:

PARENT-GUARDIAN NOTIFICATION OF CONFERENCE

Date: 03/05/2011   **Student Name:** Brian Test   **Date of Birth:** 02/06/1993

Dear Brian Evan Test, Sr.:

In order to discuss the educational needs of your child, you are invited to attend an IEP conference meeting to be held:
Date: 03/10/2012   **Time:** 9:00 am   **Location:** Washington Elementary School, **Room:** 312
                                                        100 Main Street
                                                        Oak Forest, IL, 60545

You are a participant on the IEP Team which will meet to address the purpose as indicated in the next section. You have the right to bring other individuals who have knowledge or special expertise regarding your child. If you plan to bring other individuals, please notify the individual indicated below prior to the meeting so arrangements and accommodations for participants can be made. If these meeting arrangements are not agreeable and/or you require an interpreter or translator, please contact the individual indicated below.

The purpose of this conference is to:
- [X] Review your child's educational status and determine what additional data, if any, are needed to complete your child's evaluation.
- [ ] Review your child's recent evaluation to determine, reconsider, or change your child's eligibility for special education and related service.
- [ ] Review your child's eligibility and needs for special education and related services.
- [ ] Review and or develop your child's Individualized Education Program (IEP) and determine the child's educational placement.
- [ ] Consider postsecondary goals and transition services (beginning at age 14 1/2).
- [ ] Consider relatedness of disability to disciplinary code violations.
- [ ] Consider the need for a functional behavior assessment for your child.
- [ ] Review a need to create or revise a behavior intervention plan.
- [ ] Review your child's recent change of placement due to suspension.
- [ ] Determine the location of the interim alternative educational setting.
- [ ] Review anticipated date of graduation.
- [ ] Other (specify):

The invited individuals and/or their titles are listed below. If one of the required individuals listed below is unable to attend due to unforeseen circumstances, the district will designate an appropriate and suitable replacement to attend the IEP meeting. Any student, age 14 1/2 and older must be invited to any meeting if the purpose of the meeting is to consider transition service needs.

Name and/or Title (General Education Teacher)

Name and/or Title (Special Education Teacher)
Jeffrey Marshall
Name and/or Title (LEA Representative)

Brian Test, Student   Jack Shepard, Case Manager
        Name and/or Title   Name and/or Title
Marie Test, Special Education Director   Lolita Williams, Mother
        Name and/or Title   Name and/or Title

You and your child have protection under the procedural safeguards of special education regulations. The school district must provide you a copy of **Explanation of Procedural Safeguards** once a year. Please contact the district if you need a copy of **Explanation of Procedural Safeguards**.

Name: S. Ed Director   Title: Special Education Director   Phone: 708-222-2222

Sincerely,

_____
                                                        (Signature)
                                                Name: Jack Shepard
                                                Title: Case Manager
                                                Phone: 312-456-7890

I have agreed to waive the requirement of ten (10) calendar days notice for an IEP meeting on behalf of my child in accordance with 23 Illinois Administrative Code Part 226. I understand that I have already consented to a meeting to be held on:

Meeting Date: _____

Meeting Time: _____

Meeting Location: _____

_____   _____
            Date   Parent/Guardian Signature

- Example of ICAD-34-57D – Parent Guardian Notification of Conference

Create Conference Report

- Enter in the *Conference Date*.
- Check the box next to all that apply for the *Purpose of Meeting*.
- Select the *Mode* and *Language of Communication* for the Parent and the Student from the drop-down menus.
- Create either a *Draft* or a *Final Conference Report*.
- Click *Save and Continue*.

Evaluation Consent

- Click on the drop-down menu for ***Reply was received***. If ***Yes*** is chosen, you must enter in the **parent/guardian response** in the new text box.
- Click on the drop-down menu for ***What is the method of Contact***.
- For each domain, determine if it is relevant and click ***Yes*** or ***No*** from the drop-down box and enter information in the ***Existing Information About the Child***.
- If relevant, determine if there is a need for additional information and the source for that information.

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Evaluation Consent, cont'd.

- If *Yes* is selected for *Relevant*, the screen will automatically update and add the *Additional Evaluation Data Needed* and **Sources From Which Data Will Be Obtained** boxes.
- All three of these boxes must contain information.
- A minimum of 20 characters must be added to each of the three boxes.
- You will need to complete the information for each domain following the same process as listed above.
- It is recommended that you click *Save* after entering information for each domain. Once all information is entered, click *Save and Continue*.

Create Informed Consent for Evaluation Form

• Students   • Personal Info   • Contact Info   • Communications   • Team   • Eligibility   • Accommodations   • Related Services
• Referral Process   • Evaluation Process   • Eligibility Process   • IEP Process   • Summary Of Performance   • State Reporting   • ISP Process   • Documents   • Special Ed Services

Create Informed Consent for Evaluation Documents for Test Student

Instructions
The 34-57B and the 34-57 B/C forms are created below.

34-57B Information
Date the Notice will be sent: [   ] 🗓

Create Draft 34-57B Form	Create Final 34-57B Form
Create Draft 34-57BC Form	Create Final 34-57BC Form

No 34-57B Forms have been generated for this student.

[<< Back]   [Save]   [Save & Continue >>]

- Click on Create Draft or Final 34-57B Form button.
- Click on Create Draft or Final 34-57BC Form button.
- Click on *Parent / Guardian Consent For Initial Evaluation* to view the form.
- Click on *ICAD-34-57BC – Consent For Evaluation* to view the form.
- Click *Save and Continue*.

• Students   • Personal Info   • Contact Info   • Communications   • Team   • Eligibility   • Accommodations   • Related Services
• Referral Process   • Evaluation Process   • Eligibility Process   • IEP Process   • Summary Of Performance   • State Reporting   • ISP Process   • Documents   • Special Ed Services

34-57B Information
Date the Notice will be sent: [   ] 🗓

Create Draft 34-57B Form	Create Final 34-57B Form
Create Draft 34-57BC Form	Create Final 34-57BC Form

Del	Date Generated	Document Type	Type	EasyFax	Date Received
☐	08/05/2009	Parent / Guardian Consent for Initial Evaluation	Final		
☐	08/05/2009	ICAD-3457BC-ConsentForEvaluation	Final		

[<< Back]   [Save]   [Save & Continue >>]

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Parent / Guardian Consent for Initial Evaluation Form

- Example of Parent / Guardian Consent for Initial Evaluation

Consent For Evaluation

- Example of ICAD-34-57BC – Consent For Evaluation

Meeting Participants

Meeting Participants for Brian Evan Test, Jr.

Enter names and titles of all meeting participants present at the conference.

Student	Attended Referral Conference
Brian Evan Test, Jr.	☐

Parent/Guardian	Attended Referral Conference
Brian Evan Test, Sr.	☑
Lolita Williams	☑

LEA Representative	Attended Referral Conference
▼	☑

Special Ed Teacher	Attended Referral Conference
▼	☑

Other Participants	Title	Attended Referral Conference
	General Ed. Teacher	☐
▼	Administrator	☐
▼	Speech Language	☐
▼	Social Worker	☐
Jack Shepard ▼	Occupational Therapist	☑
▼	Physical Therapist	☐
▼	Psychologist	☐
▼	Nurse	☐
▼	Guidance Counseler	☐
▼	Vocational/Transition Staff	☐

Add Additional Participant

- This page is optional.

- Select meeting participants and check whether or not the participant(s) attended the referral conference.

- To add in additional Participants, click *Add Additional Participant* .

Create Notification of Conference Recommendations (34-57E)

Create Notification of Conference Recommendations (34-57E) for Brian Evan Test, Jr.

34-57E Information

Confirm the date of the IEP conference.

Date of Conference:

Time of Conference:

At this conference it was determined that the child:

☐ Is eligible or continues to be eligible for special education and related services as listed in the IEP (Eligibility Determination: Speech or Language Impairment (S/L))

☐ Is not eligible for special education and related services.

☐ Requires a change in eligibility, as listed in the IEP conference summary report.

☐ Will receive the special education and related services as listed in the IEP.

☐ Requires a change of special education and/or related services/educational placement as indicated in the IEP.

☐ Requires a placement in an alternative education setting as documented in the IEP.

☐ Will be discontinued from special education and related services due to determination of ineligibility or reaching the age of 22.

☐ Is recommended for graduation

☐ Will be assessed with the Illinois Alternate Assessment (IAA). The IAA is aligned with the Illinois Learning Standards (grade level academic content) and scored against alternate achievement standards.

☐ Other

Signed

[Create Draft 34-57E Form] [Create Final 34-57E Form]

No 34-57E Forms have been generated for this student.

[<< Back] [Save] [Save & Continue >>]

- This page is optional. Enter the date and time of conference.
- Check the relevant determination(s) made.
- Indicate the signer of the notification.
- Click on Create Draft or Final 34-57E Form button.
- Click *Save and Continue*.

Evaluation Process
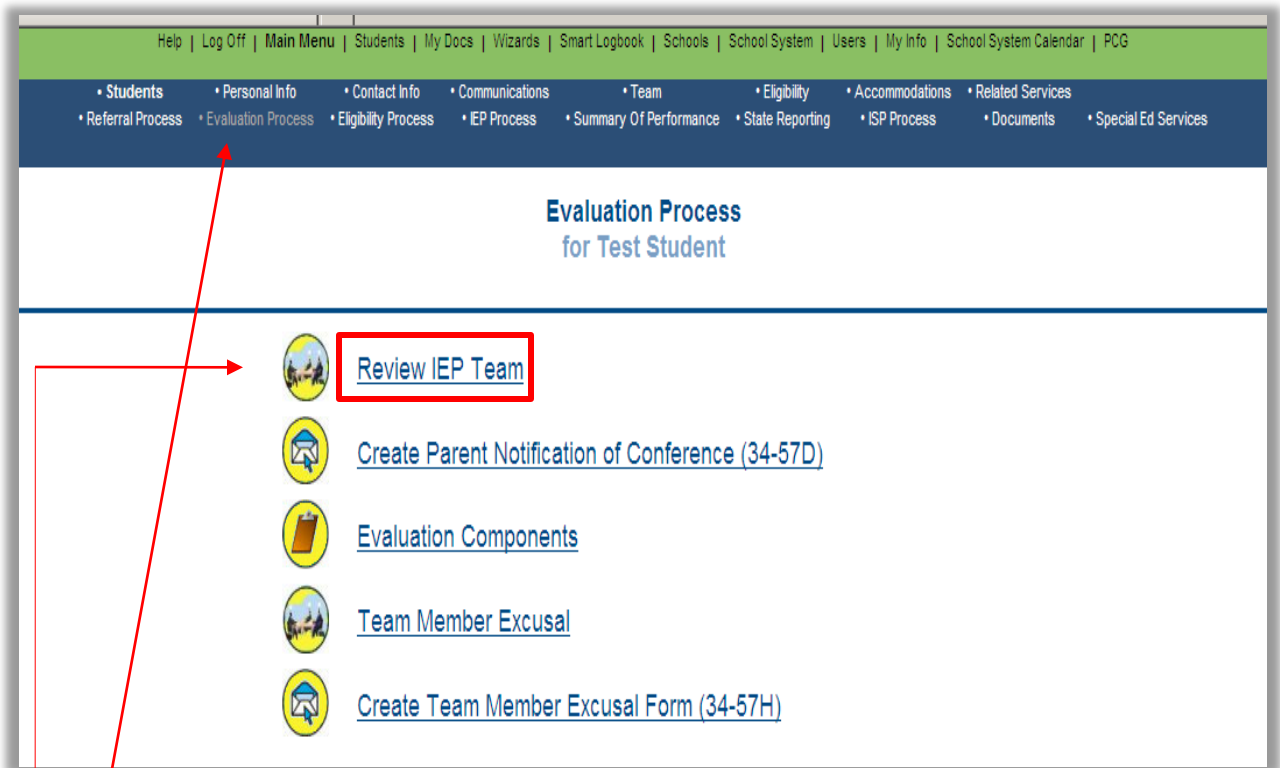
- To access this screen, first click on the *Evaluation Process* in the blue navigation bar.

- A menu will appear displaying each of the steps within this process.

- Begin by selecting *Review IEP Team*.

Review IEP Team

- Click on the drop-down menu and choose the ***Current Case Manager***. This is a mandatory field.

- If the IEP team needs to be changed, click on the ***Change IEP Team*** button, make appropriate changes, and click ***Save and Continue*** .
- Only certain user types will have the ability to change the IEP team assigned to each student.

Create Parent Notification of Conference (34-57D)

Help | Log Off | **Main Menu** | Students | My Docs | Wizards | Smart Logbook | Schools | School System | Users | My Info | School System Calendar | PCG

• Students   • Personal Info   • Contact Info   • Communications   • Team   • Eligibility   • Accommodations   • Related Services
• Referral Process   • Evaluation Process   • Eligibility Process   • IEP Process   • Summary Of Performance   • State Reporting   • ISP Process   • Documents   • Special Ed Services

Create Parent Notification Form for Test Student

Enter the date, time and location of the meeting.

Enter the date the notice will be sent and the purpose of the meeting.

Indicate the individuals attending and who will sign the notification.

Parent/Guardian Notification of Conference

Date of Conference:	
Time of Conference:	
Conference Location:	
Room:	

☐ Parent has waived the ten day notice requirement.

- This step is similar to the one you created in the *Referral Process*.

- Insert the *Date of Conference*, *Time of Conference* and *Conference Location* and *Room* (optional).

- Check the box if the *Parent has waived the ten day notice requirement*.

Create Parent Notification of Conference (34-57D), cont'd.

Purpose of Meeting:

- ☐ Review your child's educational status and determine what additional data are needed to complete your child's evaluation.
- ☑ Review your child's recent evaluation to determine, reconsider or change your child's eligibility for special education and related services.
- ☐ Review your child's eligibility and needs for special education and related services.
- ☐ Review and or develop your child's Individualized Education Program (IEP) and determine the child's educational placement.
- ☐ Consider postsecondary goals and transition services (beginning at age 14½).
- ☐ Consider relatedness of disability to disciplinary code violations.
- ☐ Consider the need for a functional behavior assessment for your child.
- ☐ Review a need to create or revise a behavior intervention plan.
- ☐ Review your child's recent change of placement due to suspension.
- ☐ Determine the location of the interim alternative educational setting.
- ☐ Review anticipated date of graduation.
- ☐ Other:

• Check the boxes that apply to the purpose of the meeting. If none apply, check *Other* and manually type in the purpose of the meeting.

• Students   • Personal Info   • Contact Info   • Communications   • Team   • Eligibility   • Accommodations   • Related Services
• Referral Process   • Evaluation Process   • Eligibility Process   • IEP Process   • Summary Of Performance   • State Reporting   • ISP Process   • Documents   • Special Ed Services

Invited Individuals

Name	Title
☐ Ginger Test	Case Manager
☐ Mr. and Mrs. Student	Both Parents

Additional Invited Individuals

These additional invited individuals have titles that are included in EasyIEP.

Del	Name	Title	Phone
☐			

Add Additional Invited Individual

Additional Invited Individuals 2

These additional invited individuals have titles that are not included in EasyIEP.

Del	Name	Title	Phone
☐			

Add Additional Invited Individual

Signature

• Check the individuals that were invited.

• If certain individuals are invited but do not appear on the Invited Individuals list, you can add them in the space allotted for *Additional Invited Individuals*; enter in their *Name*, select *Title* from the drop-down, and enter in their phone number.

• Indicate who will sign the document.

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Create Parent Notification of Conference (34-57D), cont'd.

- If you would like to create the document without including the team member names, check this box:

- To create a draft of 34-57D, simply click on the ***Create Draft 34-57D Form*** button.

- The document will now appear and be available to view by clicking on it. After viewing, it will be available to print as well.

- To delete the document, simply check the ***Del*** box and click ***Save***. If the ***Del*** box does not appear, you do not have permission to perform this function, and must contact your project manager.

- To create the final 34-57D document, simply follow the same steps, but click on the ***Create Final 34-57D Form***.

- After completing the page, click ***Save & Continue.***

Create Parent Notification of Conference (34-57D), cont'd.

- Example of 34-57D – Parent/Guardian Notification of Conference

Evaluation Components

•   Enter the ***Date that written parent consent was received***. This date will become hard-coded. Be sure to enter the correct date.

•Select ***Yes*** from the drop-down menu if consent was granted.

•   Check this box if the report for evaluation components will not be included.

•   Enter the date the Academic Achievement Evaluation was completed.

• Enter the ***Evaluation Summary*** and ***Evaluation Report*** for each domain.
• When the data is entered correctly click ***Save and Continue*** at the bottom of the page.

Team Member Excusal (34-57H)

- Click on the drop-down menu and choose *Yes* or *No* to whether any members are excused from the meeting.

- If *No* is selected, there is no need to create form 34-57H.

- If *Yes* is selected, check off the excused team members. A drop-down menu will appear asking if the content area was discussed.

- Answer *Yes* or *No* and click *Save and Continue*.

Team Member Excusal (34-57H), cont'd.

- Indicate the *Date the Notice will be sent* and the method of contact.

Insert information regarding the conference, purpose of the meeting, and the invited individuals.

For additional invited individuals, enter, at a minimum a title.

Excusal of IEP Team Member

Date the Notice will be sent: [   ]

What is the method of contact?
- ☐ met in person   ☐ exchanged e-mails
- ☐ spoke on the phone   ☐ exchanged faxes

Signer of Notification:
Ginger Test ▾

| Create Draft 34-57H Form | Create Final 34-57H Form |

No 34-57H Forms have been generated for this student.

- Then indicate the *Signer of Notification* from the drop-down menu.

- You can create a draft of the *Parent/Guardian Excusal of an IEP Team Member* document by clicking on the *Create Draft 34-57H Form* button.

| Create Draft 34-57H Form | Create Final 34-57H Form |

Del	Date Generated	Document Type	Type	EasyFax	Date Received
☐	08/05/2009	ICAD-3457H-ParentGuardianExcusalOfIEPTeamMember	(Draft)		

| << Back | Save | Save & Continue >> |

- The document is viewable and printable by clicking on it.
- To create a *Final 34-57H* form, simply follow the same steps as creating the draft.
- Click *Save and Continue*.

Team Member Excusal (34-57H), cont'd.

- Example of 34-57H – Parent/Guardian Excusal of an Individual Education Program Team Member

ILLINOIS DEMO SITE

11 Oyster Bay Road - Anywhere, IL 60000
Phone: 111-111-1111 - Fax: 222-222-2222 - Website:

PARENT/GUARDIAN EXCUSAL OF AN INDIVIDUAL EDUCATION PROGRAM TEAM MEMBER

Date: 03/27/2012   Student Name: Brian Evan Please do not Edit Test, Jr.   Date of Birth: 02/06/1993

Dear Lolita Williams:

An IEP Team meeting is scheduled for your child on 03/30/2012.

We [ ] met in person [X] spoke on the phone [ ] exchanged e-mails [ ] exchanged faxes   and agreed to the following:

Allowing team members to be excused from attending an IEP meeting is intended to provide additional flexibility to parents in scheduling meetings. The presence and participation of the Individualized Education Program (IEP) team member(s) identified below is/are not necessary and has/have been excused from being present and participating in the meeting. The "team member" is described in the regulations as, the general education teacher, special education teacher, LEA representative, and/or an individual who can interpret the instructional implications of evaluation results, who may be a member of the team already identified.

Content area of excused member not discussed at the meeting
[ ] Yes [X] NA   The school district and parent/guardian agree the following member(s) is/are not required to attend the IEP meeting in whole or in part because the individual's area of curriculum, content or related service will not be discussed or modified.

_____   _____
Name and Area   Name and Area

_____   _____
Name and Area   Name and Area

Content area of excused member discussed at the meeting
[X] Yes [ ] NA   The school district and parent/guardian agree the following member(s) may be excused from attending the IEP meeting in whole or in part, when the meeting involves a modification to or discussion of the member's area of the curriculum or related services, if the member submits input into the IEP in writing to the parent and to the team prior to the meeting.

Marie Test - Special Education Director
_____   _____
Name and Area   Name and Area

_____   _____
Name and Area   Name and Area

_____   _____
Parent/Guardian Signature   Date

_____   _____
Authorized School Personnel Signature   Date

If you have any questions or would like a copy of Explanation of Procedural Safeguards, please contact:
Name: S. Ed Director   Title: Special Education Director   Phone: 708-222-2222
Sincerely,

_____
(Signature)
Name: Jack Shepard
Title: Case Manager
Phone: 312-456-7890

Eligibility Process

Eligibility Process
for Test Student

- Create Conference Report ✓
- Domain Documentation ✓
- Disabilities Determination ✓
- Eligibility Determination ✓
- Meeting Participants ✓
- Create Eligibility Documents ✗
- Create Notification of Conference Recommendations (34-57E)

• This menu screen is used to start and complete the Eligibility Process.

__Note__: If there are no green check-marks, this means you have not entered any information in that particular link.
Green check-marks mean you have entered all the necessary information in that particular section that is needed for a compliant IEP.
Red "X" marks mean there is information missing in that particular section that is necessary for a compliant IEP.

• Begin by clicking the ***Create Conference Report*** link.

Create Conference Report

Eligibility Participants and Conference Report for Test Student

Conference Report Information

Conference Date: [   ] 📅

[▼] Will the IEP be completed at this meeting?

[▼] Is this an initial Eligibility Determination?

Purpose of meeting (check all that apply):
- ☐ Identification of Needed Assessments
- ☐ Eligibility
- ☐ IEP
- ☐ FBA/BIP
- ☐ Transition
- ☐ Graduation
- ☐ Manifestation Determination
- ☐ Other

Mode of Communication (Parent): [▼]

Language of Communication (Parent): [▼]

Mode of Communication (Student): [▼]

Language of Communication (Student): [▼]

☐ Reset eligibility, evaluation, and referral process information at midnight.

[Create Draft Conference Report]   [Create Final Conference Report]

No Conference Report have been generated for this student.

[<< Back]   [Save]   [Save & Continue >>]

- Enter the ***Conference Date***, whether the IEP will be completed at the meeting, whether it is an ***Initial Eligibility Determination***, and the purpose(s) of it.
- Enter Mode/Language of Communication.
- To reset the eligibility, evaluation, and referral process select the option and ***Save & Continue***. ***CAUTION:*** Select this check box <u>ONLY</u> if you want to reset the IEP process at midnight. This will erase virtually all of your data in the IEP Process.
- Click ***Create Final Conference Report*** to create a final document.
- Click ***Save & Continue*** to return to the Eligibility Process menu.

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Domain Documentation

Domain Documentation for Test Student

Enter evaluation results in all domain areas.

Academic and Developmental Skills

[Save]

Functional Skills

[Save]

- Enter evaluation results in all domain areas for each respective field.

- The option to *Save* is provided after each domain box. Please *Save* after entering information in each text box to ensure that all of your data is retained.

Domain Documentation, cont'd.

Screening	Date	Pass/Fail	Corrected	Conducted By
Vision	05/01/2012	Pass		Nurse Test
Hearing	05/01/2012	Pass		Nurse Test

Save

The determinant factor for the student's suspected disability is:	
Yes	lack of appropriate instruction in reading, including the essential components of reading instruction
No	lack of appropriate instruction in math
	limited English proficiency
	environmental and cultural factors and/or economic disadvantage

<< Back   Save   Save & Continue >>

- Enter hearing/vision screening dates and other applicable information.
- Select from the dropdown menu whether or not determinant factors apply.
- Please remember to *Save & Continue.*

Disabilities Determination

Disabilities Determination for Test Student

Determine the disability area(s) you will consider for the child. Select the area(s) for which you would like to see the eligibility criteria. Review the inclusionary and exclusionary criteria for each disability area considered.

If LD is considered, print the IEP page after eligibility is determined. Team members must sign certifying the report reflects their conclusions.

Disabilities for consideration:

- ☑ Intellectual Disability (IntD)
- ☐ Orthopedic Impairment (PI)
- ☑ Specific Learning Disability (SLD)
- ☐ Visual Impairment (VI)
- ☐ Hearing Impairment (HI)
- ☐ Deafness (D)
- ☐ Deaf-Blindness (D-B)
- ☐ Speech or Language Impairment (S/L)
- ☐ Emotional Disability (ED)
- ☐ Other Health Impairment (OHI)
- ☐ Multiple Disabilities (MD)
- ☐ Autism (AUT)
- ☐ Traumatic Brain Injury (TBI)

- Select the *Disabilities for Consideration* for the student.

- Inclusionary Criteria will appear for each disability area selected for the student.

Disabilities Determination, cont'd.

Determination of Specific Learning Disability
Response to Intervention Documentation

| Go to SLD Section |

[ ] The student meets the specific learning disability criteria.
[X] The student does not meet the specific learning disability criteria.

Determination of Intellectual Disability

Inclusionary Criteria
The student demonstrates significantly subaverage functioning in BOTH of the following areas, which was manifested during the development period:

☑ General Intelligence ☑ Adaptive Behavior

The following assessments were used:

☑ Norm Referenced Test ☐ Criterion Referenced test ☐ Portfolio ☐ Observations ☐ Interview

☐ Other

Descriptive Analysis (Optional):

[X] The student meets the Intellectual disability criteria and the eligibility team concurrs.
[ ] The student does not meet the Intellectual disability criteria.

| Save |

| << Back | Save | Save & Continue >> |

- Check applicable *Inclusionary Criteria*. Selections will determine if student meets/does not meet criteria for the disability area(s).

- If *Specific Learning Disability (SLD)* is considered, the IEP page must be printed and signed after eligibility is determined.

Eligibility Determination

Identify the adverse effects and educational needs for each disability area listed below. Determine if student is eligible for special education in the identified disability area(s).

Eligibility Determination

DISABILITY AREA	ADVERSE EFFECTS Describe how the disability adversely affects educational performance.	EDUCATIONAL NEEDS Identify the student's educational needs that require special education services to address the adverse effects on educational performance.	ELIGIBLE FOR SPECIAL EDUCATION SERVICES
Intellectual Disability (IntD)			Yes ○ No ○

( ) THE STUDENT IS ELIGIBLE FOR SPECIAL EDUCATION SERVICES.
(X) THE STUDENT IS NOT ELIGIBLE FOR SPECIAL EDUCATION SERVICES.

Conference Notes:

[<< Back] [Save] [Save & Continue >>]

- For the disability area considered, describe *Adverse Effects*, *Educational Needs*, and determine if student is *Eligible for Special Education Services*.

- Enter any additional information into the *Conference Notes* section.

- Please remember to *Save & Continue*.

Meeting Participants

Eligibility Participants and Conference Report for Test Student

Enter names and titles of all meeting participants present at the conference.

Student	Attended Eligibility Conference
Test Student	☑

Parent/Guardian	Attended Eligibility Conference
Mr. and Mrs. Student	☑

LEA Representative	Attended Eligibility Conference
Ginger Test ▾	☑

Special Ed Teacher	Attended Eligibility Conference
▾	☐
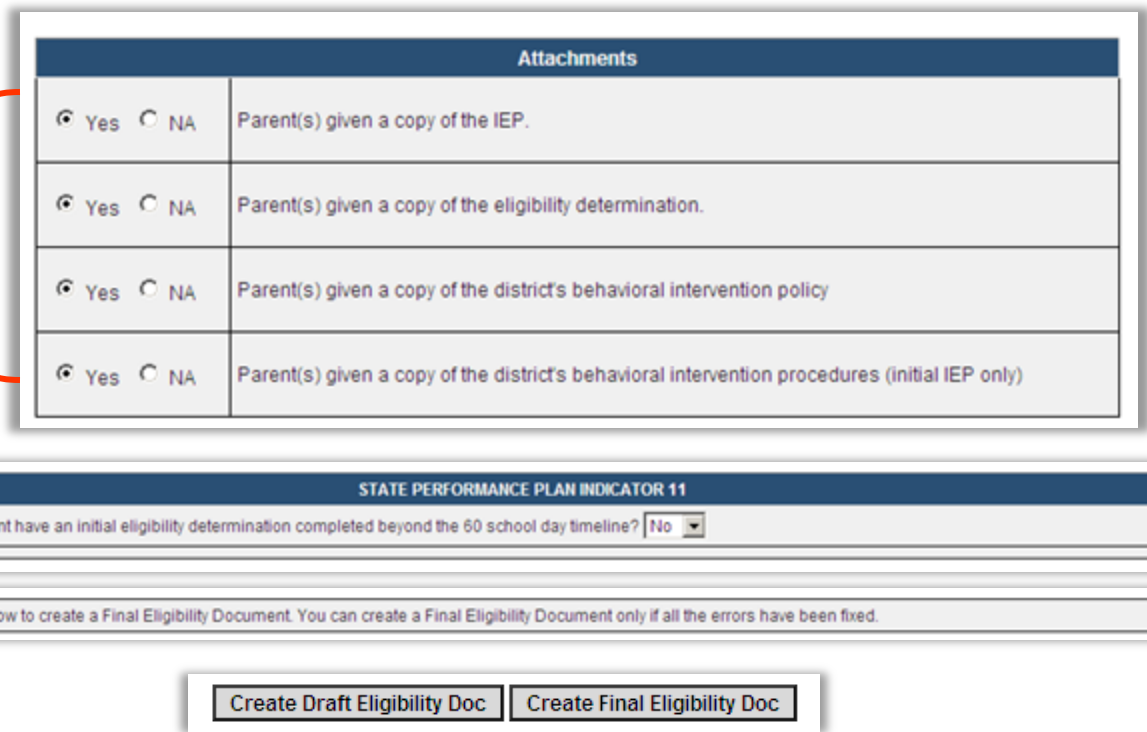
Other Participants	Title	Attended Eligibility Conference
[ ]	General Ed. Teacher	☐
[▾]	Administrator	☐
[▾]	Speech Language	☐
[▾]	Social Worker	☐
[▾]	Occupational Therapist	☐
[▾]	Physical Therapist	☐
[▾]	Psychologist	☐
[▾]	Nurse	☐
[▾]	Guidance Counselor	☐
[▾]	Vocational/Transition Staff	☐
[ ]	[ ]	☐
[ ]	[ ]	☐

[Add Additional Participant]

- Select meeting participants and check whether or not participant(s) attended the eligibility conference and/or attended the IEP conference.

- To add in additional Participants, click ***Add Additional Participant.***

Create Eligibility Documents

Attachments
◉ Yes ○ NA   Parent(s) given a copy of the IEP.
◉ Yes ○ NA   Parent(s) given a copy of the eligibility determination.
◉ Yes ○ NA   Parent(s) given a copy of the district's behavioral intervention policy
◉ Yes ○ NA   Parent(s) given a copy of the district's behavioral intervention procedures (initial IEP only)

STATE PERFORMANCE PLAN INDICATOR 11
Did the student have an initial eligibility determination completed beyond the 60 school day timeline? No ▾

Click on the button below to create a Final Eligibility Document. You can create a Final Eligibility Document only if all the errors have been fixed.

Create Draft Eligibility Doc   **Create Final Eligibility Doc**

- Select a drop-down option stating whether or not the parent(s) have been given a copy of one or more of the following:
  - •IEP, Eligibility Determination, District's Behavioral Intervention Policy, and District's Behavioral Intervention Procedures (if an initial IEP)
- Select from the dropdown whether the student has an initial eligibility determination that was completed beyond the 60 school day timeline.
  - •If *Yes*, select the reason for the delay.
- Click either *Create Draft Eligibility Doc* or *Create Final Eligibility Doc* (depending on which type of document is desired).
- Click *Save & Continue* to return to the Eligibility Process menu.

Create Notification of Conference Recommendations

Create Notification of Conference Recommendations (34-57E) for Test Student

34-57E Information

Confirm the date of the eligibility conference.

Date of Conference:
Time of Conference:

At this conference it was determined that the child:

☐ Is eligible or continues to be eligible for special education and related services as listed in the IEP (Eligibility Determination:)

☐ Is not eligible for special education and related services.

☐ Requires a change in eligibility, as listed in the IEP conference summary report.

☐ Will receive the special education and related services as listed in the IEP.

☐ Requires a change of special education and/or related services/educational placement as indicated in the IEP.

☐ Requires a placement in an alternative education setting as documented in the IEP.

☐ Will be discontinued from special education and related services due to determination of ineligibility or reaching the age of 22.

☐ Is recommended for graduation

☐ Will be assessed with the Illinois Alternate Assessment (IAA). The IAA is aligned with the Illinois Learning Standards (grade level academic content) and scored against alternate achievement standards.

☐ Other

Signed:

| Create Draft 34-57E Form | Create Final 34-57E Form |

No 34-57E Forms have been generated for this student.

| << Back | Save | Save & Continue >> |

- *Create Notification of Conference Recommendations (34-57E)* for student.

- Enter in the date and time of the conference

- Indicate what was determined at the conference by selecting the appropriate check-boxes next to the statement's above.

- Indicate who *Signed* the notification.

- Click *Save & Continue* to return to the Eligibility Process Menu.

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IEP Process

- From this screen, you can access everything involved in the IEP Process.
- *__Note__: If there are no green check-marks, this means you have not entered any information in that particular link.*
- *Green check-marks mean you have entered all the necessary information in that particular section that is needed for a compliant IEP.*
- *Red "X" marks mean there is information missing in that particular section that is necessary for a compliant IEP.*

Review IEP Team

- Click on the drop-down menu and choose the Current Case Manager. This is a mandatory field.

Review IEP Team for Test Student

Current Case Manager: Ginger Test

Name	Relationship
Claire Test	Speech Pathologist
Mr. and Mrs. Student	Both Parents

Change IEP Team

<< Back   Save   Save & Continue >>

Other Users at Test School who can access IEP Information:

User Name	View Only?
☐ Demo1, Special Education Teacher , Special Education Teacher	☐ View Only
☐ Demo2, Special Education Teacher , Special Education Teacher	☐ View Only

- If the IEP team needs to be changed, click on the ***Change IEP Team*** button, make appropriate changes, and click ***Save and Continue.***
- When selecting the IEP team, select ***View Only*** to allow a user to have access to a student but not the ability to make any changes.
- **Note:** Only certain user types will have the ability to change the IEP team allocated to each student.
- When the data is correct and you would like to move to the next step, click ***Save and Continue.***

Create Parent Notification of Conference (34-57D)

Create Parent Notification Form for Test Student

34-57D is not needed here because it was specified that the IEP was being created at the Eligibility meeting in the Create Conference Report page in the Eligibility Process.

Conference Notes:

[abc]

[<< Back]   [Save]   [Save & Continue >>]

• If you have completed the eligibility meeting at the same time as the IEP, then you have already created the 34-57D form during the Eligibility process. The system will notify you of this in the sentence above the conference notes text box.

• You do not need to recreate the form, however you can add conference notes at this time.

• You will need to click *Save & Continue* to continue through the IEP process.

Create Parent Notification of Conference, (34-57D), cont'd.

Create Parent Notification Form for Test Student

- Insert the *Date of Conference, Time of Conference*, and *Conference Location.*
- The *Room* is requested but not a mandatory field.
- Check off the *Parent has waived the ten day notice requirement* if applicable.
- Provide the date that the notice will be sent.

Create Parent Notification of Conference (34-57D), cont'd.

Purpose of Meeting:

- ☐ Review your child's educational status and determine what additional data are needed to complete your child's evaluation.
- ☐ Review your child's recent evaluation to determine, reconsider or change your child's eligibility for special education and related services.
- ☐ Review your child's eligibility and needs for special education and related services.
- ☐ Review and or develop your child's Individualized Education Program (IEP) and determine the child's educational placement.
- ☐ Consider postsecondary goals and transition services (beginning at age 14½).
- ☐ Consider relatedness of disability to disciplinary code violations.
- ☐ Consider the need for a functional behavior assessment for your child.
- ☐ Review a need to create or revise a behavior intervention plan.
- ☐ Review your child's recent change of placement due to suspension.
- ☐ Determine the location of the interim alternative educational setting.
- ☐ Review anticipated date of graduation.
- ☐ Other:

• Check the boxes that apply to the ***Purpose of the Meeting***. If none apply, check ***Other*** and manually type in the purpose of the meeting.

Invited Individuals	
Name	Title
☐ Ginger Test	Special Education Director
☐ Claire Test	Speech Pathologist
☐ Mr. and Mrs. Student	Both Parents

• Please proceed to select the team members who are invited to the meeting.

Create Parent Notification of Conference (34-57D), cont'd.

- Add individuals from the drop down who were invited. These additional invited individuals have user titles within the system. To select more individuals click on **Add Additional Invited Individual**.

- If certain individuals are invited, but do not appear on the list, simply click on **Add Additional Invited Individual** in the **Additional Invited Individuals 2** location. **Additional Invited Individuals 2** provides a space for you to manually enter individuals who do <u>not</u> have user titles within the system. Proceed by adding the appropriate individuals' names.

- Indicate who will sign the document.

Create Parent Notification of Conference (34-57D), cont'd.

- Prior to creating a document, enter in any additional information into the Conference Notes section.

- If you would like to create the document without including the team member names, check this box.

- To create a draft of the 34-57D, simply click on the *Create Draft 34-57D Form* tab.

- The document will now appear and be available to view by clicking on it. After viewing, it will be available to print as well.

- To delete the document, simply check the *Del* box and click *Save*. If the *Del* box does not appear, you do not have permission to perform this function and should contact your system administrator or special education director.

- To create the final 34-57D document, simply follow the same steps, but click on the *Create Final 34-57D Form* tab.

- After completing the page, click *Save & Continue.*

Create Parent Notification of Conference (34-57D), cont'd.

- Example of the 34-57D – Parent/Guardian Notification of Conference

ILLINOIS DEMO SITE

11 Oyster Bay Road - Anywhere, IL 60000
Phone: 111-111-1111 - Fax: 222-222-2222 - Website:

PARENT-GUARDIAN NOTIFICATION OF CONFERENCE

Date:　　　　　　　**Student Name:** Test Student　　　　**Date of Birth:** 01/01/1995

DRAFT

Dear Mr. and Mrs. Student:

In order to discuss the educational needs of your child, you are invited to attend an IEP conference meeting to be held:
Date:　　　　　　**Time:**　　　　　　**Location:**

You are a participant on the IEP Team which will meet to address the purpose as indicated in the next section. You have the right to bring other individuals who have knowledge or special expertise regarding your child. If you plan to bring other individuals, please notify the individual indicated below prior to the meeting so arrangements and accommodations for participants can be made. If these meeting arrangements are not agreeable and/or you require an interpreter or translator, please contact the individual indicated below.

The purpose of this conference is to:

[ ]　　Review your child's educational status and determine what additional data are needed to complete your child's evaluation.
[ ]　　Review your child's recent evaluation to determine, reconsider or change your child's eligibility for special education and related services.
[ ]　　Review your child's eligibility and needs for special education and related services.
[ ]　　Review and or develop your child's Individualized Education Program (IEP) and determine the child's educational placement.
[ ]　　Consider postsecondary goals and transition services (beginning at age 14 1/2).
[ ]　　Consider relatedness of disability to disciplinary code violations.
[ ]　　Consider the need for a functional behavior assessment for your child.
[ ]　　Review a need to create or revise a behavior intervention plan.
[ ]　　Review your child's recent change of placement due to suspension.
[ ]　　Determine the location of the interim alternative educational setting.
[ ]　　Review anticipated date of graduation.
[ ]　　Other (specify):

The invited individuals and/or their titles are listed below. If one of the individuals listed below is unable to attend due to unforeseen circumstances, the district will designate an appropriate and suitable replacement to attend the IEP meeting. Any student, age 14 1/2 and older must be invited to any meeting if the purpose of the meeting is to consider transition service needs.

_____
Name and/or Title (General Education Teacher)

_____
Name and/or Title (Special Education Teacher)

_____
Name and/or Title (LEA Representative)

Test Student, Student
_____　　　_____
Name and/or Title　　　　　　　　　　　　Name and/or Title

You and your child have protection under the procedural safeguards of special education regulations. The school district must provide you a copy of **Explanation of Procedural Safeguards** once a year. Please contact the district if you need a copy of **Explanation of Procedural Safeguards**.

Name: S. Ed Director　　　　Title: Special Education Director　　　　Phone: 708-222-2222

Sincerely,

_____
(Signature)
Name:
Title:
Phone:

Team Member Excusal

- Click on the drop-down menu and choose *yes* or *no* to whether any members are excused from the meeting.

Member Excusal for Evaluation for Test Student

Indicate if an invited individual(s) needs to be excused from the meeting.

If you enter yes, indicate the individual unable to attend the meeting and whether their information would be discussed at the meeting

Are any members excused from the meeting?:

- If *no* is selected, there is no need to create form 34-57H.

- If *yes* is selected, check off the excused team members. A drop-down will appear asking if that team member's content area was discussed.

Select any of the team members that are excused from the meeting:

☑ Ginger Test
☐ Mr. and Mrs. Student

Ginger Test
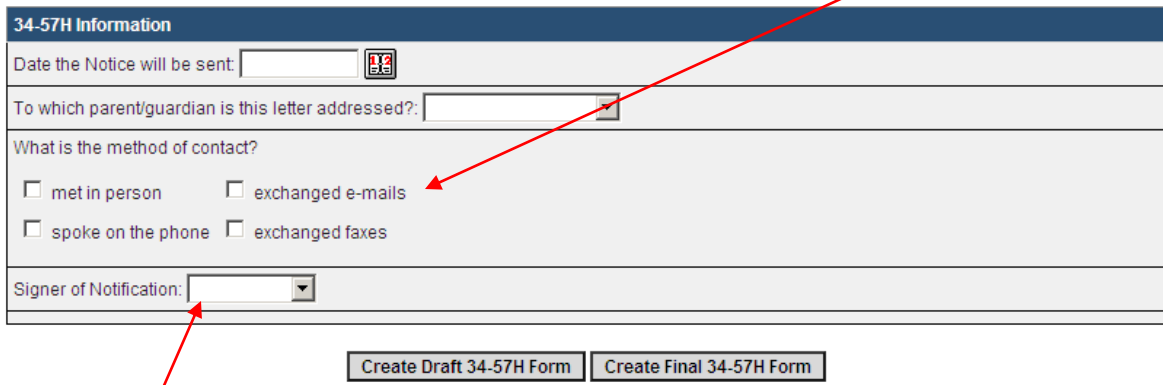
Was the content area discussed:

Yes
No

<< Back   Save   Save & Continue >>

• Answer *Yes* or *No* and click *Save &Continue*.

Create Team Member Excusal Form (34-57H)

- Indicate the ***Method of Contact*** by clicking the appropriate check box.

- Indicate the ***Signer of Notification*** from the drop-down menu.

- You can create a draft of the ***Parent/Guardian Excusal of an IEP Team Member*** document by clicking on the ***Create Draft 34-57H Form*** button.

- To ***Create a Final 34-57H form***, simply click on the tab with that title.

- The document is viewable by clicking on the blue link. It will be printable while viewing the document preview in Adobe.

Create Team Member Excusal (34-57H), cont'd.

- Example of the 34-57H – Parent/Guardian Excusal of an Individual Education Program Team Member.

ILLINOIS DEMO SITE

11 Oyster Bay Road - Anywhere, IL 60000
Phone: 111-111-1111 - Fax: 222-222-2222 - Website:

PARENT/GUARDIAN EXCUSAL OF AN INDIVIDUAL EDUCATION PROGRAM TEAM MEMBER

Date: **Student Name:** Test Student   **Date of Birth:** 01/01/1995

Dear :

An IEP Team meeting is scheduled for your child on .

We [ ] met in person   [ ] spoke on the phone   [ ] exchanged e-mails [ ] exchanged faxes   and agreed to the following:

Allowing team members to be excused from attending an IEP meeting is intended to provide additional flexibility to parents in scheduling meetings. The presence and participation of the Individualized Education Program (IEP) team member(s) identified below is/are not necessary and has/have been excused from being present and participating in the meeting. The "team member" is described in the regulations as, the general education teacher, special education teacher, LEA representative, and/or an individual who can interpret the instructional implications of evaluation results, who may be a member of the team already identified.

Content area of excused member not discussed at the meeting
[ ] Yes [X] NA   The school district and parent/guardian agree the following member(s) is/are not required to attend the IEP meeting in whole or in part because the individual's area of curriculum, content or related service will not be discussed or modified.

_____   _____
Name and Area   Name and Area

_____   _____
Name and Area   Name and Area

Content area of excused member discussed at the meeting
[X] Yes [ ] NA   The school district and parent/guardian agree the following member(s) may be excused from attending the IEP meeting in whole or in part, when the meeting involves a modification to or discussion of the member's area of the curriculum or related services, if the member submits input into the IEP in writing to the parent and to the team prior to the meeting.

Ginger Test - Special Education Director   _____
Name and Area   Name and Area

_____   _____
Name and Area   Name and Area

_____   _____
Parent/Guardian Signature   Date

_____   _____
Authorized School Personnel Signature   Date

If you have any questions or would like a copy of Explanation of Procedural Safeguards, please contact:
Name: S. Ed Director   Title: Special Education Director   Phone: 708-222-2222
Sincerely,

_____
(Signature)
Name:
Title:
Phone:

Create Conference Report

- You will need to indicate the conference date and purpose of the meeting.

Conference Report Information

Conference Date: [_____] 🔲

[____ ▼] Is this an initial IEP?

Purpose of meeting (check all that apply):
- ☐ Identification of Needed Assessments
- ☐ Eligibility
- ☐ IEP
- ☐ FBA/BIP
- ☐ Transition
- ☐ Graduation
- ☐ Manifestation Determination
- ☐ Other

Mode of Communication (Parent): [_____ ▼]

Language of Communication (Parent): [_____ ▼]

Mode of Communication (Student): [_____ ▼]

Language of Communication (Student): [_____ ▼]

☐ **Reset IEP process information at midnight.**

- **_CAUTION_:** Select this check box and **_Save & Continue ONLY_** if you want to reset the IEP process at midnight. This will erase virtually all of your data in the IEP Process.

[Create Draft Conference Report]   [Create Final Conference Report]

- You can create a draft or final of the conference report by clicking on either button.

Conference Notes:

[<< Back]   [Save]   [Save & Continue >>]

- Any additional information can be entered in the **_Conference Notes_** section.   69

Create Conference Report cont'd.

- Example of a draft Conference Report:

☐ Initial Eligibility ☐ Initial IEP ☑ A copy of Procedural Safeguards was given Initial Parental Consent Date: **09/07/2009**	**CONFERENCE REPORT**	Conference Date: IEP Begin Date: IEP End Date:

Draft

Student Last Name: **Student**	Parent(s)/Guardian(s) Name: **Mr. and Mrs. Student**	Reevaluation Date:
First Name/Middle Name: **Test /**	Address (if different):	Resident District Number: **ildemo**
Address: **123 Main Street**	Address (if different):	Resident School Name: **Test School**
Test, IL 00000	Phone (if different):	Current Grade: **11th Grade**
Home Phone:	Language/Mode of Communication (Parent): /	SIS Number: **0000000**
Birthdate: **01/01/1995**	Language/Mode of Communication (Student): /	Medicaid Number:
Gender: **Female**	Race: **Asian/Pacific Islander**	Primary Disability: Secondary Disability: **NA**

Check all that apply:
PURPOSE OF CONFERENCE

☐ Identification of Needed Assessments ☐ Eligibility ☐ IEP ☐ FBA/BIP ☐ Transition ☐ Graduation ☐ Manifestation Determination ☐ Other:

Signature indicates attendance
PARTICIPANTS

	Elig	IEP		Elig	IEP		Elig	IEP
Student:	☐	☐	Administrator:	☐	☐	Nurse:	☐	☐
Parent:	☐	☐	Speech Language:	☐	☐	Guidance Counselor:	☐	☐
Parent:	☐	☐	Social Worker:	☐	☐	Vocational/Transition Staff:	☐	☐
LEA Representative:	☐	☐	Occupational Therapist:	☐	☐	Other:	☐	☐
Regular Ed Teacher:	☐	☐	Physical Therapist:	☐	☐	Other:	☐	☐
Special Ed Teacher:	☐	☐	Psychologist:	☐	☐	Other:	☐	☐

Document the attempts made to arrange a mutual agreeable time and place to meet, if parents did not attend.

Conclusion

☐ Yes ☑ NA Parent(s) given a copy of the IEP.
☐ Yes ☑ NA Parent(s) given a copy of the eligibility determination.
☐ Yes ☑ NA Parent(s) given a copy of the district's behavioral intervention policy.
☐ Yes ☑ NA Parent(s) given a copy of the district's behavioral intervention procedures (initial IEP only).

Serving District/Coop: Illinois Demo Site

Serving School Name: Test School

☑ Persons responsible for implementing goals and services will be notified of their responsibilities in accordance with district policy and procedures by: Ginger Test

Create Conference Report, cont'd.

• If you are completing an evaluation with the IEP meeting and you have already created the Conference Report, you will receive the following message:

Create Conference Report for Easy IEP Test

A Conference Report is not needed as a Conference Report was generated during the Eligiblity process.

• You will not need to recreate this form since you generated it previously during your joint meeting.

• The option to add in *Conference Notes* is available.

• Once you are finished, click *Save & Continue* to move forward in the IEP process for your student.

Conference Notes:

Student Information

• You will need to give the appropriate information for each outlined section under the ***Student Information*** header.

• ***<u>Please Note</u>***: You will need to provide at least 20 characters worth of information for each of the text boxes.

Student Information for Test Student

Information must be completed in each of the student information sections below.

Student Information

STUDENT STRENGTHS

Save

RESULTS OF RECENT OR OTHER ASSESSMENT DATA

Save

PARENTAL CONCERNS FOR ENHANCING THE STUDENT'S EDUCATION

Save

• Each of the text boxes has a spell check button located at the bottom right hand corner.   This is an quick and easy way to check your spelling.

Student Information, cont'd.

- Please indicate if the student requires **_Special Factors_**. Select **_yes_** or **_no_** to indicate if a special factor is needed for the student. Then you will need to indicate the requirements and follow-up in the corresponding text box.

	SPECIAL FACTOR	REQUIREMENTS/FOLLOW-UP
○ Yes ○ No	Does the student require assistive technology devices and services?	
○ Yes ○ No	Does the student have any special needs related to communication?	
○ Yes ○ No ○ N/A	Does the student with limited English proficiency have language-related needs relative to the IEP?	
○ Yes ○ No ○ N/A	Does the student who is deaf or hard of hearing have opportunities for direct communications with peers and professional personnel, including need and/or direct instruction in the student's language and mode of communication, academic level, and full range of needs?	
○ Yes ○ No ○ N/A	Does the student who is blind or visually impaired require instruction in Braille and/or the use of Braille?	
Does student meet the eligibility criteria for Autism or has a disability on the autism spectrum (which includes autistic disorder, Asperger disorder, pervasive developmental disorder not otherwise specified, childhood disintegrative disorder, and Rett Syndrome, as defined in the [(DSM-IV, 2000)])? ○ Yes ○ No		

- If **_yes_** is selected in the drop-down indicating that the student has limited English proficiency and language –related needs, then the severity of the disability will later be addressed in the **_State Reporting_** tab.
- To view the complete form, please select **_Show Complete Form_**.

Show Complete Form

Conference Notes:

[<< Back]   [Save]   [Save & Continue >>]

- You will have the opportunity to include any conference notes specific to this section at the bottom of the Student Information page. Please click **_Save & Continue_** to move onto the next section.

Student Information, cont'd.

- An example of the ***Student Information*** page on the IEP document:

STUDENT INFORMATION

Test Student

07/27/2012

Student Name: Test Student

Conference Date:

STUDENT STRENGTHS
RESULTS OF RECENT OR OTHER ASSESSMENT DATA
PARENTAL CONCERNS FOR ENHANCING THE STUDENT'S EDUCATION
STATE THE ACADEMIC, DEVELOPMENTAL AND FUNCTIONAL NEEDS STEMMING FROM THE STUDENT'S DISABILITY(IES)

CONSIDERATION OF SPECIAL FACTORS

Check the boxes to indicate if the student requires a particular device or service due to special factors. For boxes checked "yes", specify device, materials, and/or services required in order for the student to receive a free, appropriate public education. Marking a "yes" box should result in goals, supplementary aides/services, program modifications, support for school personnel and/or related services being identified in the remaining pages of the IEP.

NA	NO	YES	SPECIAL FACTORS	REQUIREMENTS/FOLLOW-UP
			Does the student require assistive technology devices and services?	
			Does the student have any special needs related to communication?	
			Does the student with limited English proficiency have language-related needs relative to the IEP?	
			Does the student who is deaf or hard of hearing have opportunities for direct communications with peers and professional personnel, including need and/or direct instruction in the student's language and mode of communication, academic level, and full range of needs?	
			Does the student who is blind or visually impaired require instruction in Braille and/or the use of Braille?	
			Does student meet the eligibility criteria for Autism or has a disability on the autism spectrum (which includes autistic disorder, Asperger disorder, pervasive developmental disorder not otherwise specified, childhood disintegrative disorder, and Rett Syndrome, as defined in the [(DSM-IV, 2000)])?	

BEHAVIOR INTERVENTIONS	TRANSITION PLAN	HIGH SCHOOL GRADUATION / ATTAINMENT OF AGE 22
Does the student's behavior impede his or her learning or the learning of others? ☐ Positive behavioral interventions, supports and other strategies will be attempted and monitored. ☐ A behavior intervention plan is required and is attached. ☐ A behavior intervention plan IS required and will be initiated.	☐ Not applicable at this time. ☐ Student will be age 14.5 or older during implementation of this IEP. Complete IEP Transition Plan, as applicable. ☑ Student will reach the age of majority (18 years and has been informed of rights that will transfer to him/her upon reaching the age of majority.	☐ High School Graduation is not anticipated during the next year. ☐ Student is projected to graduate from high school with a regular high school diploma by (date): *Summary of performance is required.* ☐ Student will reach the age of 22 within the school year. *Summary of performance is required*

Behavior Intervention Plan

- Select if the student's behavior impedes his or her learning or the learning of others (*Yes* or *No*).

Behavior Interventions for Test Student

Yes ▼ Does the student's behavior impede his or her learning or the learning of others?

Yes ▼ Does the student require a Behavior Intervention Plan?

Yes ▼ A Behavior Intervention Plan will be completed now.

Yes ▼ Positive behavioral interventions, supports and other strategies will be attempted and monitored.

- Indicate if a behavior intervention plan is required. A behavior plan can either be initiated in the system or attached at a later point.
- If a behavior intervention plan is required and *is attached*, indicate whether a Functional Assessment or a Behavioral Intervention Plan will be created in the system.

Yes ▼ A behavior intervention plan IS required and will be initiated.

Yes ▼ A behavior intervention plan is required and is attached.

You indicated that a Behavioral Intervention Plan is required and is attached. You must answer **Yes** to either "Create a Functional Behavioral Assessment" and/or "Create a Behavioral Intervention Plan".

Yes ▼ Create a Functional Behavioral Assessment.

Yes ▼ Create a Behavioral Intervention Plan.

Behavior Intervention Plan, cont'd.

• If you select *Yes* that a Functional Behavior Assessment will be created, you will need to enter all aspects of the assessment in the appropriate text boxes.

• *Please note*: Text boxes must contain at least 20 characters in order to be accepted by the system.

• If you select *Yes* that a Behavior Intervention Plan will be created, you will need to enter all aspects of the Behavior Intervention Plan in the appropriate text boxes.

• *Please note*: Text boxes must contain at least 20 characters in order to be accepted by the system.

Behavior Intervention Plan, cont'd.

Show Complete Form

Conference Notes:

<< Back   Save   Save & Continue >>

- Click on ***Show Complete Form*** to view the document.
- Review the IEP Behavior Intervention Plan.
- Type in your Conference Notes.
- ***Save*** will update data on this page. When you have completed all data entry and are ready to move to the next link, click on ***Save & Continue***.

IEP
BEHAVIORAL INTERVENTION PLAN (AS APPROPRIATE)

Student Name: Test Student   Grade: 11th Grade   Conference Date:

Complete when the team has determined a Behavioral Intervention Plan is needed.

Student's Strengths - Describe student's behavioral strengths

Target Behavior
Is this behavior ☐ Skill Deficit or a ☐ Performance Deficit
a
Skill Deficit: The student does not know how to perform the desired behavior.
Performance Deficit: The student knows how to perform the desired behavior, but does not consistently do so.

Transition

Transition Plan is required:

Create Transition Plan

- If a student requires a Transition Plan, click the **Create Transition Plan** button to begin.
- Please proceed to add the *Projected Graduation / Exit Date* and *Date of Transfer of Rights* for the student.

Date of Birth:	01/01/1995
Age:	17
Projected Graduation/Exit Date:	
Date Transfer of Rights Notification:	

Complete	Transition Sub-section	Details
✕	Anticipated Post-secondary Outcomes / Goals and Services	Details
✕	Transition Assessment Information	Details
✕	Transition Needs, Services, and Goals	Details
✕	Course Of Study	Details
✕	Home-Based Support Services for Mentally Disabled Adults	Details

- Click on *Details* tab for each section of the Transition plan to fill in required information.

- Note that *Home-Based Support Services for Mentally Disabled Adults* will only display for students 17 years of age or older.

- Click on *Show Section* to preview the Transition Plan.

Show Section **<< Back** **Save** **Save & Continue >>**

Transition, cont'd.

- Click on the ***Add/Edit Outcomes*** button for the appropriate sections and complete the information requested:

Transition, cont'd.

- Click *Add Anticipated Service* for each applicable section.

- Click on *Show Section* to preview the Transition Plan.

- Please select *Save & Continue* to move to the next page.

Transition, cont'd.

- Check off the *Type of Assessment* that was completed.

- Type in the date it was conducted, who it was administered by, and answer yes or no to whether the report is attached

- Add the *Summary of Results* and *Describe the student's strengths, preferences, interests in relation to post-secondary outcomes.*

- Select *Show Section* to view an example of the form. Then select *Save & Continue* to move forward.

Transition, cont'd.

- Please click the appropriate check boxes to indicate ***Relevant Areas*** for your student's transition needs and fill-in information into the text boxes.

Transition Needs, Services, and Goals for Test Student

Relevant areas:

☐ Instruction
☑ Related Services
☐ Community Experiences
☑ Employment
☐ Post-School Adult Living Arrangements
☐ Daily Living Skills
☐ Transition Evaluation

Interagency responsibilities, needed linkages, or additional comments (i.e, DMH, DRS, DSCC, PAS, SASS, SSI, WIC, Home-based support services, higher education, etc):

Additional Information:

- Based on your selection, text boxes for additional information will appear. Please fill in the information accordingly.

Related Services

Begin Date: ____ End Date: ____

Person Responsible: ____

Student's needs based on post-secondary outcomes and assessment results:

[Add Transition Goals]

[Show Section] [<< Back] [Save] [Save & Continue >>]

- Select ***Show Section*** to view an example of the form.
- You must create at least one transition goal before the system will allow you to ***Save & Continue***.

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Transition, cont'd.

Add Goals for Test Student

Present Level of Academic Achievement and Functional Performance

Add Goal

Click here to select the goal from provided goal bank.

Click here to select the goal from custom goal bank.   Manage Custom Goal Bank

Goal Text:

<< Back   Save & Continue >>

• Enter *Present Level of Academic Achievement and Functional Performance* in the first text box.

• To add a goal from the provided goal bank, click on the hyperlink.

• If you would like to enter a custom goal, enter the goal in the text box. You also have the ability to create a *Custom Goal Bank* to be used on future IEP's with this student.

• Please select *Save & Continue* after you are finished entering information.

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Transition, cont'd.

Course of Study for Test Student

Please add courses for ALL remaining high school years.

Course of Study (address by Age 14.5)

School Year:	School Year:	School Year:	School Year:	School Year:

Add Additional Transition Years

Save

- Please indicate the Course of Study for the student by age 14½. To add additional Transition Years please select the applicable button.

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Transition, cont'd.

Transition Plan for Test Student

Home-Based Support Services for Mentally Disabled Adults

[▾] Is the student eligible for Home-based support services after reaching 18 and when no longer receiving special education services?

Plans for determining the student's eligibility for home-based services:

Plans for enrolling the student in the program of home-based services:

Plans for developing a plan for the student's most effective use of home-based services after reaching age 18 and when no longer receiving special educational services:

[<< Back]   [Save]   [Save & Continue >>]

- Please select *Yes* or *No* to provide a response to the first question.

- If the answer is *No,* you do not need to provide any more information. However, if the answer is *Yes*, please enter in the applicable information into the text boxes.

- Please proceed by clicking *Save & Continue.*

Annual Goals

- Click on *Add Goals.*

Annual Goals for Test Student

Annual Goals
No annual goals have been assigned for this student

Add Goals

- Please enter the student's *Present Level of Academic Achievement and Functional Performance* in the text box.
- To add a goal from the provided goal bank, click on the hyperlink.
- If you would like to enter your own custom goal, enter the goal in the text box.

Add Goals for Test Student

Present Level of Academic Achievement and Functional Performance

Add Goal

Click here to select the goal from provided goal bank.

Click here to select the goal from custom goal bank.   Manage Custom Goal Bank

Goal Text:

<< Back   Save & Continue >>

Annual Goals, cont'd.

- To add goals from the provided goal bank, click on *Click here to select the goal from the provided goal bank* link as shown on the previous page.

- A goal bank box will appear with a dropdown menu.

- Select the goal from the dropdown menu.

- Selections for possible goals will appear.

- *Save* will update data on this page. When you have completed all data entry and are ready to move to the next link, click on *Save & Continue.*

Annual Goals cont'd.

Goal Details for Test Student

Goal Details

Goal Position:	1 of 2	Development Date:	🔢

Goal Area:
- ☐ Academic
- ☐ Functional
- ☐ ESY
- ☐ Transition - Employment
- ☐ Transition - Education
- ☐ Transition - Training
- ☐ Transition - Independent Living

Relevant Transition Area: [_____ ▼]

Implementation Date: [____] 🔢

- This screen provides an overview of the goal position, goal area, present level and the annual goal.
- Select the **Goal Area(s)** that pertain to the goal.

Present Level of Academic Achievement and Functional Performance

Annual Goal

Click here to select the goal from generic goal bank.

Click here to select the goal from custom goal bank. [Manage Custom Goal Bank]

Goal Text: Build self esteem and expand social interaction skills.

ILS #

☐ 1A ☐ 5B ☐ 8C ☐ 12A ☐ 14D ☐ 16D ☐ 19C ☐ 23B ☐ 27B ☐ 30A ☐ SEL 3B
☐ 1B ☐ 5C ☐ 8D ☐ 12B ☐ 14E ☐ 16E ☐ 20A ☐ 23C ☐ 28A ☐ 30B ☐ SEL 3C
☐ 1C ☐ 6A ☐ 9A ☐ 12C ☐ 14F ☐ 17A ☐ 20B ☐ 24A ☐ 28B ☐ SEL 1A ☐ 31A.EC/K
☐ 2A ☐ 6B ☑ 9B ☐ 12D ☐ 15A ☐ 17B ☐ 20C ☐ 24B ☐ 28C ☐ SEL 1B ☐ 32A.EC/K
☐ 2B ☐ 6C ☐ 9C ☐ 12E ☐ 15B ☐ 17C ☐ 21A ☐ 24C ☐ 28D ☐ SEL 1C ☐ 32B.EC/K
☐ 3A ☐ 6D ☐ 9D ☐ 12F ☐ 15C ☐ 17D ☐ 21B ☐ 25A ☐ 29A ☐ SEL 2A ☐ 32C.K
☐ 3B ☐ 7A ☐ 10A ☐ 13A ☐ 15D ☐ 18A ☐ 22A ☐ 25B ☐ 29B ☐ SEL 2B ☐ 32D.K
☐ 3C ☐ 7B ☐ 10B ☐ 13B ☐ 15E ☐ 18B ☐ 22B ☐ 26A ☐ 29C ☐ SEL 2C ☐ 33A.K
☐ 4A ☐ 7C ☐ 10C ☐ 14A ☐ 16A ☐ 18C ☐ 22C ☐ 26B ☐ 29D ☐ SEL 2D ☐ 33B.K
☐ 4B ☐ 8A ☐ 11A ☐ 14B ☐ 16B ☐ 19A ☐ 23A ☐ 27A ☐ 29E ☐ SEL 3A ☐ 33C.K
☐ 5A ☐ 8B ☐ 11B ☐ 14C ☐ 16C ☐ 19B

- The student's *Present Level of Academic Achievement and Functional Performance* will populate with the information you entered in the previous screen.
- Select the ILS#.

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Annual Goals, cont'd.

Progress Review

Parent will be regularly informed of student progress by:

☐ Report Cards/Progress Report

☐ Goals and Objectives Updates

☐ Other:

Title(s) of Implementer(s)

Instructional Objective/Benchmarks

[Add Objectives]

- Check the box that indicates how the parent will be regularly informed of student progress.
- If you need to choose *Other,* specify a progress review in the text box.
- Indicate who is implementing this goal in the *Title(s) of Implementer(s)* text box.
- Click on the *Add Objectives* button to add objectives for this goal.

Annual Goals, cont'd.

Add Objectives for Test Student

Click here to select the objective from provided objective bank.

Click here to select the objective from custom objective bank.   Manage Custom Objective Bank

Objective Text:

[text box]

<< Back   Save & Continue >>

- *Click here to select the objective from provided objective bank*

- *Click here to select the objective from custom objective bank*

- Follow the same steps as adding a goal from the goal bank.

- *IMPORTANT TIP*: You need 2 objectives for each goal. The system will give you an error message and ultimately prevent you from finalizing an IEP if you have less than 2 objectives for each goal.

Annual Goals, cont'd.

- Indicate how the parents will be informed of student progress.
- Select the *Procedure* from the drop-down menu.
- Enter the *Schedule* from the drop-down menu.

- If you need to add more objectives click on the tab labeled *Add Objectives.*

Annual Goals, cont'd.

PROGRESS MONITORING ASSESSMENT

None selected

CHOOSE PROGRESS MONITORING ASSESSMENT

You may either add an Assessment from the list or add a custom Assessment

Assessment	Subject Area
From List: [▾]	[▾]
Or Custom: [ ]	[ ]
Attach Assessment	

- If you want to add a ***Progress Monitoring Assessment ,*** you can add in an assessment from a provided list or add a custom assessment.
- If adding an assessment ***From List,*** please select a ***Subject Area*** from the drop-down.
- If adding a Custom assessment, please provide a ***Subject Area*** in the text box.
- Proceed to select ***Attach Assessment.*** You may then enter another assessment for a student.

PROGRESS MONITORING ASSESSMENT

Del	Assessment	Subject Area	Details
☐	AIMSweb	Reading	Details

- After each assessment is added it will appear on the page above where you add the assessments. You should then select the ***Details*** tab for the Assessment.

Annual Goals, cont'd.

Assessment Details
for Test Student

ASSESSMENT DETAILS			
Subject Area	**Score Type**	**Target Scores**	**Target Dates** *(if left blank, will default to IEP End Date)*
Reading ▾	☐ Std Score ☐ Age Equiv ☐ Grade Equiv ☑ Percentile ☐ # Errors ☐ stanine ☐ quotient ☐ text desc.	*Percentile: [ ]	*Percentile: [ ] 🔢

Back   Just Save   Save & Continue >>

- Please proceed to select the *Score Type* and then *Just Save*. This will allow the *Target Scores* field to open up so you can enter in a value. In this instance shown in the example above, that would be a target percentage.

- Please then review the *Target Dates*; if a date is not entered here, the IEP end date will default.

- Proceed to *Save & Continue.*

- ***IMPORTANT TIP: Please note that once a Progress Monitoring Wizard Assessment is added, it will not appear in the Progress Monitoring Wizard <u>until the IEP is finalized</u>. No progress can be documented until the assessment appears in the Wizard.***

Annual Goals, cont'd.

Annual Goals for Test Student

Annual Goals

Del ☐   **Position**   1   of 3   No. Objectives   2   [Details]

Goal Area   Academic, Functional, Transition - Employment, Transition - Education, Transition - Training, Transition - Independent Living

Increase Oral and Written Communication Skills - Grammar

Del ☐   **Position**   2   of 3   No. Objectives   2   [Details]

Goal Area   ESY

R 5 2.1 Students identify the meaning of unfamiliar vocabulary by using strategies to unlock meaning (e.g., knowledge of word tructure, including prefixes/suffixes and base words; or context clues; or other resources, such as dictionaries, glossaries; or prior knowledge).

Del ☐   **Position**   3   of 3   No. Objectives   2   [Details]

Goal Area   Academic

R 5 7.1b Demonstrate initial understanding of informational texts (expository and practical texts) by obtaining information from text features (e.g., maps, diagrams, tables, captions, timelines, citations).

• This page provides a brief over-view of the goals that are entered into the Annual Goals page.

•To review a goal after it is entered, select the *Annual Goals* tab from the IEP Process Menu, and then select *Details*.

Classroom and District Assessments

- Select the appropriate Participation level for *Classroom-Based Assessments* and *District-Wide Assessments*.

- If you select the student *Will participate WITH accommodations*, the system will refresh and show a button to *Add Accommodations.*

- Select *yes* or *no* from the *Will the child be considered for the Illinois Alternate Assessment (IAA)* drop-down menu.

Classroom and District Assessments, cont'd.

Classroom and District Assessments for Test Student

Classroom and District Assessments	Participation	Requirements
Classroom-Based Assessments	○ Will participate WITHOUT accommodations ○ Will participate WITH accommodations ○ Will participate in alternative classroom-based assessments	
District-Wide Assessments	○ The District does not administer district wide assessments. ○ Will participate WITHOUT accommodations ● Will participate WITH accommodations **Add Accommodations** **Delete** / **Accommodation(s)/Modification(s)** ☐ Motivation/Reinforcement ○ Will not participate in the district-wide assessment ○ Will participate in the following alternative assessments	

- If you select the student ***Will participate in alternative classroom-based assessments***, the system will refresh and insert a ***Rationale*** text box under ***Requirements.***

- If you select the student ***Will participate in district-wide assessments with accommodations***, you must add appropriate accommodations.

- If you select the student ***Will NOT participate in the district-wide assessment***, the system will refresh and prompt you to enter your ***Rationale***.

- If you select the student ***Will participate in the following alternative assessments***, the system will address the appropriate assessments on a future page.

IAA Assessments

Will the child be considered for the Illinois Alternate Assessment (IAA)? [▼]

- Indicate if the student will be considered for the *Illinois Alternate Assessment (IAA)* from the drop-down menu. This question is found on the Classroom and District Assessments page.
- If you select *no,* you will be taken to the IAA Assessments page where it will indicate *The student is not being considered for IAA*. Click *Save & Continue.*
- If you select *yes*, you must add the relevant information in the IAA Assessments.

State Assessments
IAA Page 4A
Illinois Alternate Assessment Participation Guildelines 2010-2011

Students must participate in the state assessment through one of the following:

- the regular state assessment for the student's grade, the Illinois Standards Achievement Test (ISAT) or the Prairie State Achievement Examination (PSAE), without accommodations,
- the regular state assessment for the student's grade, the ISAT or the PSAE, with accommodations, or
- the Illinois Alternate Assessment (IAA).

Who is eligible to take the IAA?

The IAA is intended for students with the most significant cognitive disabilities. These students have intellectual functioning well below average (typically associated with an IQ below 55) that exists concurrently with impairments or deficits in adaptive functioning (i.e. communication, self-care, home living, social/interpersonal skills, use of community resources, self-direction, functional academic skills, work, leisure, health, and safety). These students may be identified under a variety of educational categories, including cognitive disabilities (mental retardation), autism, multiple disabilities and traumatic brain injury.

Who is not eligible for consideration to take the IAA?

Students who strictly have academic, language, social/emotional, physical or sensory disabilities without co-occurring intellectual functioning well below average. As determined by the IEP, students with the most significant cognitive disabilities may take the IAA if participation in the state's regular assessments - the ISAT or the PSAE - is not appropriate, even with accommodations, and they meet all of the criteria below.

[▼] The student has intellectual functioning well below average that exists concurrently with impairments or deficits in adaptive functioning (i.e. communication, self-care, home living, social/interpersonal skills, use of community resources, self-direction, work, leisure, health, and safety).

Reason(s) for Yes or No Response

[   ]

[▼] Due to the student's significant cognitive disability, the student's instruction is linked to grade level content, but is narrowed in scope and reduced in complexity. It is reflective of the critical functions found in the Alternate Assessment Framework.

Reason(s) for Yes or No Response

[   ]

[▼] When compared to other students with disabilities, the student requires more frequent and intensive instruction presented in incremental steps in order to apply and transfer skills across settings.

Reason(s) for Yes or No Response

[   ]

IAA Assessments Cont.

[X] The student meets the IAA participation criteria.
[ ] The student does not meet the IAA participation criteria.

IMPORTANT NOTE: The IEP Team's decision that a student will take the IAA cannot be based on the following factors; however, the existence of one or more of these factors does not prevent a student from taking the IAA if they meet the other participation criteria:

- The student's achievement is significantly below that of same-age peers, even when compared to other students with disabilities.
- The student has an IEP.
- The student has a certain special education eligibility label or receives certain services.
- The student has excessive or extensive absences.
- The student has social, cultural, or economic difference.
- The student may not perform well on the regular assessment, which may affect the Adequate Yearly Progress (AYP) status of the student's home school and/or district.

- Based on the information entered, the system will indicate if the student meets the IAA participation criteria.

IAA Accommodations to be included in the IEP					
Accommodation	Reading	Math	Science	Writing	Description
None	☐	☐	☐	☐	
Environment	☐	☐	☐	☐	
Opportunity for student to stand, move, and/or pace during the test session	☐	☐	☐	☐	
Tactile Stimulus (e.g. Braille or raised images, manipulatives)	☐	☐	☐	☐	
Large Print	☐	☐	☐	☐	
Visual Assistance	☐	☐	☐	☐	
Auditory Assistance	☐	☐	☐	☐	
Signing Test Items	☐	☐	☐	☐	
Assistive, Adaptive, or Augmentative Technology	☐	☐	☐	☐	
Read Aloud	☐	☐	☐	☐	
Other	☐	☐	☐	☐	
Calculators	☐	☐	☐	☐	

<< Back   Save   Save & Continue >>

- Enter the *IAA Accommodations to be included in the IEP.*
- Please proceed to click *Save & Continue.*

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State Assessments

- Based on the student's grade level, the relevant state assessments will appear on the *State Assessments* page.
- For each assessment, select whether the student will participate with or without accommodations.
- If the student will not be participating in the assessment, select *Will NOT participate.*

State Assessments	Participation
ACCESS (10)	○ Will participate WITHOUT accommodations ○ Will participate WITH accommodations ◉ Will NOT participate
ACCESS (11)	○ Will participate WITHOUT accommodations ○ Will participate WITH accommodations ○ Will NOT participate
ACCESS (9)	○ Will participate WITHOUT accommodations ○ Will participate WITH accommodations ◉ Will NOT participate
PSAE - Mathematics (11)	○ Will participate WITHOUT accommodations ○ Will participate WITH accommodations ○ Will NOT participate
PSAE - Reading (11)	○ Will participate WITHOUT accommodations ○ Will participate WITH accommodations ○ Will NOT participate
PSAE - Science (11)	○ Will participate WITHOUT accommodations ○ Will participate WITH accommodations ○ Will NOT participate
PSAE - Writing (11)	○ Will participate WITHOUT accommodations ○ Will participate WITH accommodations ○ Will NOT participate

Conference Notes:

[Show Section] [<< Back] [Save] [Save & Continue >>]

- Enter in any additional information into the *Conference Notes* section.
- To view a preview of the document, select *Show Section*.
- Click *Save & Continue*.

Services, Supplemental Aids & Services, and Placement (SSSP)

Services, Supplemental Aids & Services, and Placement for Test Student

Classes and Programs

Yes ▾ Split the classes and programs that the student is enrolled in across school years?

[Classes and Programs] [Classes and Programs (for next year)]

[Supplemental Aids For All Classes]

[Save]

Additional Information and/or Supports needed:

For Math: Extended Time
For Science: Group Work

Program Modifications:

For Reading: Instructions Read Aloud

Supports for School Personnel:

None needed at this time

- Choose whether to split classes and programs across school years.
  - *Example:* Classes can be split if a student is moving from 8th grade to high school over the course of the IEP.

- Enter information for *Additional Information and/or Supports Needed*, *Program Modifications*, and *Supports for School Personnel*.

- If the student requires supplemental aids for <u>all</u> classes, click *Supplemental Aids For All Classes.*

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Services, Supplemental Aids & Services, and Placement (SSSP), cont'd.

• Next, click on ***Add Supplemental Aids For All Classes***, and select the relevant aids required:

Supplemental Aids required.

☐ Pacing and Timing	☐ Self-Management	☐ Motivation / Reinforcement
☐ Environment/Setting	☐ Test Adaptations	☐ Presentation
☐ Assignments	☑ Response	☐ Materials
☐ Scheduling	☐ Social Interaction Support	

`<< Back` `Save and Continue >>`

Click ***Save & Continue* twice to return to the main SSSP page.

• If the student requires supplemental aids for only certain classes (Gen Ed or Special Ed), this can be done after clicking the ***Classes and Programs*** tab.
• Click on the ***Classes and Programs*** tab. For General Education Classes, indicate Class, Minutes per Day, Classes per Week, Begin & End Dates, and Class Type (A, B, or C – a legend for these classes is included in the chart).

General Education Classes (for this school year)

Begin Date: ___ End Date: ___
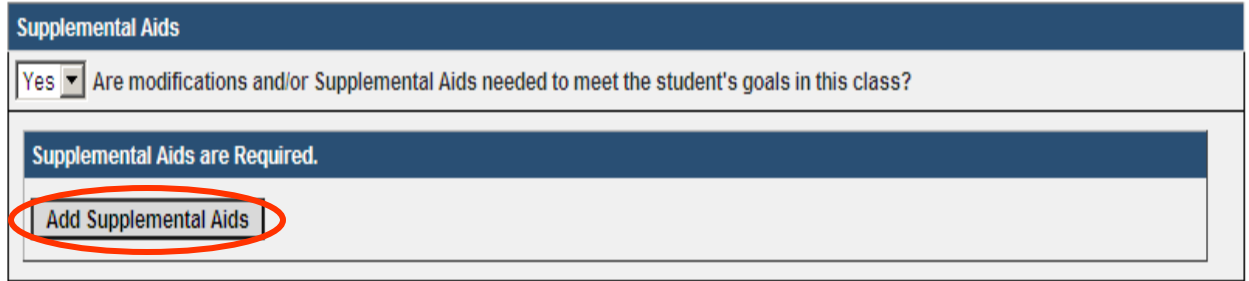
Del	Class	Minutes per Day	Classes per Week	Begin Date	End Date	*Class Type	Details
☐							Details

* EDUCATIONAL ENVIRONMENT / CLASS TYPE KEY:
A - General education classroom with NO modifications and/or supplementary aids and services.
B - General education classroom with modifications and/or supplementary aids and services
C - General education classroom with special education instruction.

`Add Additional Class`

`Save`

• If you need to add additional classes for the student, click on the tab for ***Add Additional Class.***
• Follow the same procedure for entering general education classes when splitting the school year.
• Click ***Save.***

Services, Supplemental Aids & Services, and Placement (SSSP), cont'd.

• If you labeled the Class Type as *"B"* or *"C"*, click on the *Details* tab for that General Education Class.
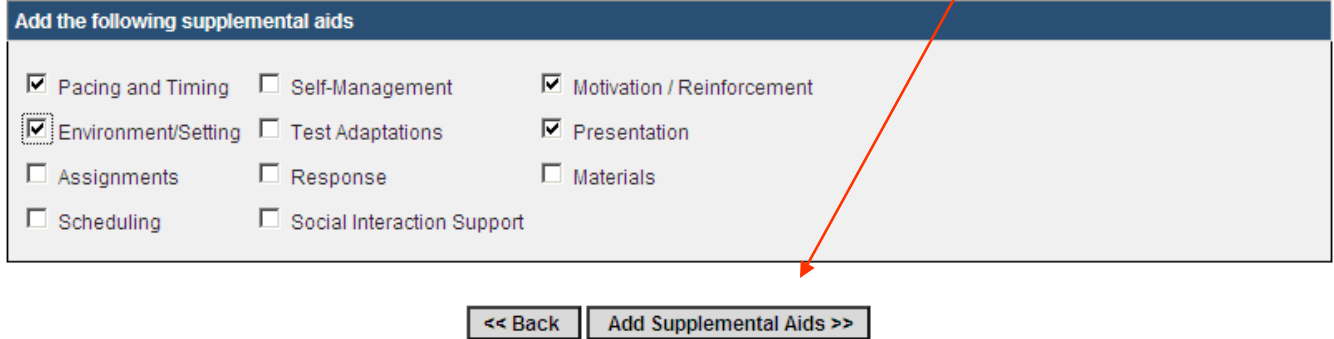
Supplemental Aids

Yes ▼ Are modifications and/or Supplemental Aids needed to meet the student's goals in this class?

Supplemental Aids are Required.

Add Supplemental Aids

• For your *"C"* classes, select *Yes* or *No* from the drop-down if modifications and/or aids are needed
• Click *Add Supplemental Aids* if required .
• Select the necessary aids for this class.
• When finished selecting the aids, click *Add Supplemental Aids*.
• Click *Save and Continue*.

Add the following supplemental aids

☑ Pacing and Timing ☐ Self-Management ☑ Motivation / Reinforcement
☑ Environment/Setting ☐ Test Adaptations ☑ Presentation
☐ Assignments ☐ Response ☐ Materials
☐ Scheduling ☐ Social Interaction Support

<< Back   Add Supplemental Aids >>

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Services, Supplemental Aids & Services, and Placement (SSSP), cont'd.

- Enter Special Education Programs. Select Class from the drop-down, then indicate Minutes per Day, Classes per Week, and Begin & End Dates.
- Under the Supplemental Aids and Related Services columns, a green check = completed section, and a red "x" = incomplete section.
- Click *Add Special Education Program or Class* if necessary.
- Click *Details* to enter Supplemental Aids and Related Services.

- Select *Yes* or *No* from the drop downs, then click *Add Supplemental Aids* and/or *Add Related Services* if applicable.

- *IMPORTANT TIP*: **Enter your related services in this section (meaning within the Details tab) _only if_ these service minutes should be deducted from the total minutes in that particular Special Ed class.**

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- Click *Save & Continue*.

Services, Supplemental Aids & Services, and Placement (SSSP), cont'd.

• Below the Special Ed Program section, enter additional *Instructional Services* and additional *Related Services*, if applicable. Enter the type of service, provider (optional), initiation/end dates, minutes, & consult (optional).

• *IMPORTANT TIP*: **Add your related services in this section (below the Special Ed Program section)** *only if* **these service minutes are separate from and in addition to the minutes within Special Ed classes.**

• In the *Calculations* section, the *Total Minutes Outside of the General Education Classroom* and the *Bell to Bell Minutes* will automatically populate.
• Enter the *Instructional Minutes*.
• The *Percent Inside of General Education Classroom* will automatically calculate for you.

(Bell to Bell Min – Time Outside Gen. Ed. Class) / Bell to Bell Min

• Click *Save and Continue* to save your information and return to the main SSSP page.

Services, Supplemental Aids & Services, and Placement (SSSP), cont'd.

- Enter *Educational Placement Considerations*
- Add 2 *Placement Options, Possible Harmful Effects*, your *Decision* & *Rationale* for this decision
- Choose *Final Placement for State Reporting*
- Click *Save and Continue*

Educational Placement Considerations

To the maximum extent appropriate, all students shall be educated and participate with students who are non-disabled. Provide an explanation of the extent, if any, to which the student will not participate in general education classes and activities.

> Student receives educational programming in a separate school facility that is able to provide the high level of structure and monitoring that is required to learn and show acceptable behavior at school.

Provide an explanation of the extent, if any, to which the student will not participate in non-academic and extra-curricular activities.

> Student's placement in a separate, private school facility and the severity of his disability precludes any participation in district sponsored non-academic and extra-curricular activities.

[Yes ▼] Special education classes, separate schooling, or removal from the regular education environment is required because the nature or severity of the student's disability is such that education in general education classes, with the use of supplementary aids and services, cannot be achieved satisfactorily.

[Yes ▼] Will the student receive general education and/or special education services in the school that he/she would attend if he/she were nondisabled?

Placement Option 1

Del	Placement Option
☐	<80% in the General Ed environment

Possible Harmful Effects

> none

Decision:
[Team accepts placement option ▼]

Rationale:
> Student needs specialized care for a portion of the day outside of the general ed environment.

Placement

Final Placement Decision for State Reporting [Inside regular classroom less than 40% of the day ▼]
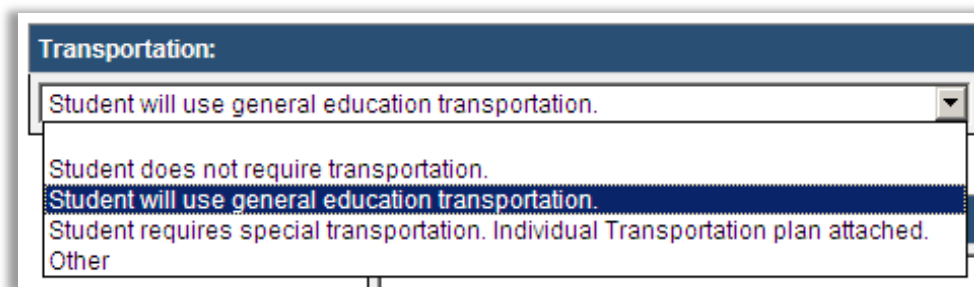
Final Placement Decision for State Reporting **(for next school year)** [Homebound Instructional Program ▼]

Conference Notes:
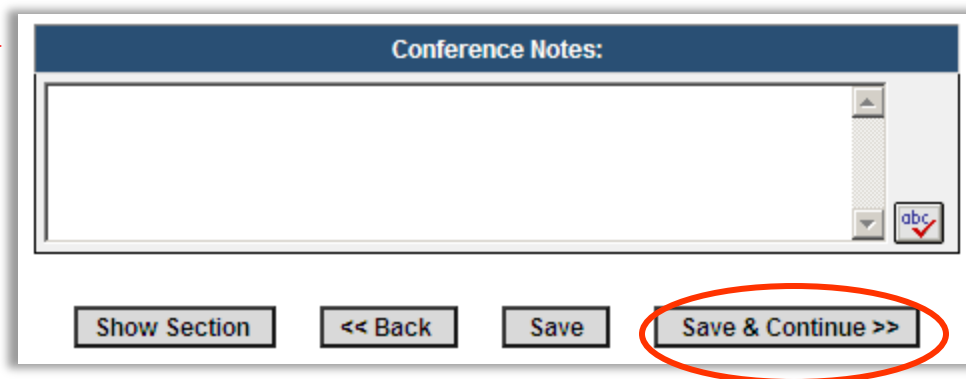
[Show Section] [<< Back] [Save] [Save & Continue >>]

Transportation

• You will need to indicate if the student requires transportation services. If you indicate that the *student does not require transportation* or *will use general education transportation,* you are finished with this section.

Transportation:

Student will use general education transportation.

Student does not require transportation.
Student will use general education transportation.
Student requires special transportation. Individual Transportation plan attached.
Other

Conference Notes:

| Show Section | << Back | Save | Save & Continue >> |

• You can add any **Conference Notes** regarding transportation at this point. You will then need to click *Save & Continue* to move on to the next steps in the IEP process.

Transportation, cont'd.

• If you indicate that the student <u>does</u> require special transportation, you will be required to create the individual ***Transportation Plan***. Don't forget to enter an ***Emergency Contact*** name and phone number.

Transportation Plan	
Emergency Contact:	
Emergency Contact Phone Number:	
A health/behavior intervention plan needs to be followed on the bus:	Comments:
Needs assistance on bus:	Comments:
Specific Conditions	
Asthma	Comments:
Tracheotomy	Comments:
Oxygen/Ventilator	Comments:
Respiratory Conditions	Comments:
Feeding Tube/Swallowing Problems	Comments:
Orthopedic Issues	Comments:
Cardiac Issues	Comments:
Seizure Prone	Comments:
Shunt	Comments:

• You will need to go through a list of ***Specific Conditions*** to create the transportation plan. You will select ***Yes*** or ***No*** from the drop-down boxes. A comment section appears to the right of each condition where you may enter all of the pertinent information regarding that condition.

Transportation, cont'd.

• After you have entered all relevant factors and/or conditions for the student's transportation plan, you can enter *Additional Information* and *Conference Notes* in the text boxes provided.

• Your completed transportation plan will appear on your IEP document.

• If you would like to print out this transportation plan for your bus driver, simply click on *Show Section*. A new screen will appear that shows the transportation plan viewed as a PDF document. Print that page.

• Click *Save & Continue* to save your transportation plan and move forward in the IEP process.

Extended School Year (ESY)

Extended School Year for Easy IEP Test

Extended School Year

The IEP team considered the need or Extended School Year (ESY).

Extended School Year is required. ▼

Rationale:

ESY Goals

The following goals will be addressed during ESY:

[Add ESY Goals]

ESY Services

The following services will be administered during ESY:

[Add ESY Instructional Service]

[Add ESY Related Service]

ESY Transportation:

▼

Conference Notes:

[Show Section] [<< Back] [Save] [Save & Continue >>]

- Select whether or not Extended School Year is required for this student.
- Give a ***Rationale*** for your selection.
- If extended school year is required for the student, you will be asked to add ***ESY Goals*** and ***ESY Services.***
- Select the type of ***ESY Transportation*** required from the drop-down menu.
- Type in ***Conference Notes*** if necessary.
- Click ***Save & Continue***.

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Extended School Year (ESY), cont'd.

- If adding an ESY Goal, enter ***Present Level of Academic Achievement and Functional Performance*** in the text box.

- To add a goal from the provided goal bank, click on the hyperlink .

- If you would like to enter a custom goal, enter the goal in the text box.

Add Goals for Test Student

Present Level of Academic Achievement and Functional Performance

Add Goal

Click here to select the goal from provided goal bank.

Click here to select the goal from custom goal bank.   Manage Custom Goal Bank

Goal Text:

<< Back   Save & Continue >>

• Once you enter a custom goal for a student, you can later use that same custom goal bank on future IEPs for this student.

• You can also use your custom goal bank on other students on your caseload. Just make sure to then tailor your goal so it becomes unique for each student's needs.

Extended School Year (ESY), cont'd.

Add Goal

Click here to select the goal from provided goal bank.

Note: You will be able to edit the text of the goal after you have selected it.

Generic Goal Bank: Reading Skills ▼

- Increase Reading Skills - Decoding
- Increase Reading Skills - Comprehension
- Increase Reading Skills - Vocabulary

Click here to select the goal from custom goal bank.   Manage Custom Goal Bank

Goal Text:

[<< Back]   [Save & Continue >>]

- If you choose to add ESY Goals from the provided goal bank, a *Generic Goal Bank* box will appear with a drop-down menu. Select the goal from the drop-down menu.
- Options for possible goals will automatically populate. Select the relevant goal for your student.
- When you have completed all relevant data entry, click on *Save & Continue*.

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Extended School Year (ESY), cont'd.

Goal Details for Test Student

Goal Details

Goal Position:	2 of 2	Development Date:	07/30/2012
Goal Area:	ESY	Implementation Date:	08/09/2012

Present Level of Academic Achievement and Functional Performance

Annual Goal

Click here to select the goal from generic goal bank.

Click here to select the goal from custom goal bank. [Manage Custom Goal Bank]

Goal Text: R 5 2.1 Students identify the meaning of unfamiliar vocabulary by using strategies to unlock meaning (e.g., knowledge of word structure, including prefixes/suffixes

- After adding goals, you will be directed to a *Goal Details* screen.
- This page provides an overview of the goal position, goal area, present level and the annual goal.
- The *Goal Area* will automatically populate as an *ESY* goal.
- The student's *Present Level of Academic Achievement and Functional Performance* will populate with the information you entered in the previous screen.
- You will have an option to add goals from the goal bank.

Extended School Year (ESY), cont'd.

ILS#										
☐ 1A	☐ 5B	☐ 8C	☐ 12A	☐ 14D	☐ 16D	☐ 19C	☐ 23B	☐ 27B	☐ 30A	☐ SEL 3B
☐ 1B	☐ 5C	☐ 8D	☐ 12B	☐ 14E	☐ 16E	☐ 20A	☐ 23C	☐ 28A	☐ 30B	☐ SEL 3C
☐ 1C	☐ 6A	☐ 9A	☐ 12C	☐ 14F	☐ 17A	☐ 20B	☐ 24A	☐ 28B	☐ SEL 1A	☐ 31A.EC/K
☐ 2A	☐ 6B	☐ 9B	☐ 12D	☐ 15A	☐ 17B	☐ 20C	☐ 24B	☐ 28C	☐ SEL 1B	☐ 32A.EC/K
☐ 2B	☐ 6C	☐ 9C	☐ 12E	☐ 15B	☐ 17C	☐ 21A	☐ 24C	☐ 28D	☐ SEL 1C	☐ 32B.EC/K
☐ 3A	☐ 6D	☐ 9D	☐ 12F	☐ 15C	☐ 17D	☐ 21B	☐ 25A	☐ 29A	☐ SEL 2A	☐ 32C.K
☐ 3B	☐ 7A	☐ 10A	☐ 13A	☐ 15D	☐ 18A	☐ 22A	☐ 25B	☐ 29B	☐ SEL 2B	☐ 32D.K
☐ 3C	☐ 7B	☐ 10B	☐ 13B	☐ 15E	☐ 18B	☐ 22B	☐ 26A	☐ 29C	☐ SEL 2C	☐ 33A.K
☐ 4A	☐ 7C	☐ 10C	☐ 14A	☐ 16A	☐ 18C	☐ 22C	☐ 26B	☐ 29D	☐ SEL 2D	☐ 33B.K
☐ 4B	☐ 8A	☐ 11A	☐ 14B	☐ 16B	☐ 19A	☐ 23A	☐ 27A	☐ 29E	☐ SEL 3A	☐ 33C.K
☐ 5A	☐ 8B	☐ 11B	☐ 14C	☐ 16C	☐ 19B					

- After reviewing the goal information, you must select an ILS# for the goal.
- Check the box that indicates how the *Parent will be regularly informed of student progress*. If *Other,* specify a progress review.
- Click on *Add Objectives* button to add objectives for this goal.

Progress Review

Parent will be regularly informed of student progress by:

☐ Report Cards/Progress Report

☐ Goals and Objectives Updates

☐ Other:

Title(s) of Implementer(s)

Instructional Objective/Benchmarks

Add Objectives

≪ Back   Save   Save & Continue ≫

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Extended School Year (ESY), cont'd.

Add Objectives for Test Student

Click here to select the objective from provided objective bank.

Click here to select the objective from custom objective bank. | Manage Custom Objective Bank

Objective Text:

<< Back   Save & Continue >>

• If you are selecting an objective from the ***provided objective bank***, a ***Generic Objective Bank*** will appear. Select the category for the objective from its drop-down menu.

• Once you have selected a category, a list of objectives that pertain to the goal will appear—select one.

Objective Bank:

Mathematics- Number and Numerical Operations

○ Use real-life experiences, physical materials, and technology to construct meanings for numbers.

◉ Develop and apply number theory concepts in problem solving situations. Primes, factors, multiples. Common multiples, common factors

○ Use efficient and accurate pencil-and-paper procedures for computation with whole numbers.

• If you are clicking the link to enter a ***Custom Objective***, a blank text box will appear where you can type the objective.

• Click ***Save & Continue***.

<< Back   Save & Continue >>

Extended School Year (ESY), cont'd.

- After entering an objective for your goal, enter relevant *Criteria*
- Select *Procedures* from the drop-down menu
- Enter *Schedule* from the drop-down menu
- If you need to add more objectives click on *Add Objectives*.

PROGRESS MONITORING

- If you would like to add *Progress Monitoring* for your goal, complete that section next. This is the same Progress Monitoring functionality that was included in the Annual Goals page earlier.

- Click *Save and Continue*.

Extended School Year (ESY), cont'd.

- The last section of the *Extended School Year* page will allow you to *Add ESY Instructional Service* or *Add ESY Related Service*.

- After you have made your selection, you will be taken to a new screen where you may enter the ESY Service for the student.

- Enter the *Initiation Date* and *End Date* for the service.

- Select a *General Location* from the drop-down menu.

- Enter the *Total Minutes* for this service.

- Click *Add ESY Service*.

Meeting Participants

Student	Attended IEP Conference
Al Test	☐

Parent/Guardian	Attended IEP Conference
Jose James Test	☐
Maria Test	☐

LEA Representative	Attended IEP Conference
[▼]	☐

Special Ed Teacher	Attended IEP Conference
[▼]	☐

Other Participants	Title	Attended IEP Conference
[ ]	General Ed. Teacher	☐
[▼]	Principal	☐
[▼]	Speech Language	☐
[▼]	Social Worker	☐
[▼]	Occupational Therapist	☐
[▼]	Physical Therapist	☐
[▼]	Psychologist	☐
[▼]	Nurse	☐

Add Additional Participant

- Check the box to the right for the individuals that *Attended IEP Conference*.
- Select the *LEA Representative* from the drop-down menu
- Select the *Special Ed Teacher* from the drop-down menu
- Click on *Add Additional Participant* to add other Participants
- *Note: If you cannot find certain individuals in the drop-down menu for a specific role, go back to the Team tab and add them to the student's IEP team.*
- Enter *Conference Notes* if applicable.

Conference Notes:

[<< Back]   [Save]   [Save & Continue >>]

- Click *Save & Continue*.

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Review Conference Notes

- All notes that have been entered thus far should pre-populate on this page.
- Notes can also be added or edited on this page.
- Click *Show Section* to preview the *Conference Notes* section as it will appear on the IEP document.
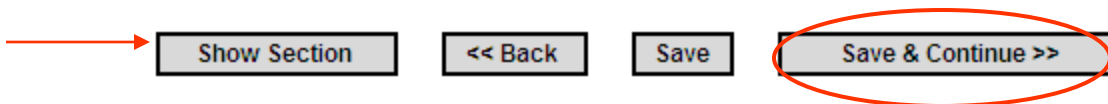
- Review for accuracy.
- Click *Save & Continue*.

Create IEP Document

Date this IEP Begins: 09/08/2012

Date this IEP Ends: 01/23/2013

Please indicate which of the following contacts relate to this :

Check All Checkboxes   Uncheck All Checkboxes

	Person making contact	Parent	Contact Method	Contact Date	Contact Result
☐	Jackie Azpeitia	Pauly and Gina Milan	Phone Call	08/01/2011	Parent contacted - will attend meeting
☐	Susannah Michael	Mr. Rogers	Email	06/04/2012	Meeting rescheduled

- Enter the IEP begin and end dates
- Select which contacts were made regarding this IEP
- Select *Yes* or *N/A* for each statement below:

	Statement
○ Yes ○ NA	Parent(s) given a copy of the IEP.
○ Yes ○ NA	Parent(s) given a copy of the eligibility determination.
○ Yes ○ NA	Parent(s) given a copy of the district's behavioral intervention policy
○ Yes ○ NA	Parent(s) given a copy of the district's behavioral intervention procedures (initial IEP only)

You cannot create a Final IEP at this time. Please fix all Errors. To see a list of errors please click on Display IEP Errors.

The following sections have not been visited.
- Meeting Participants
- Review Conference Notes

Create Draft IEP Document   Display IEP Errors

Del	Date Generated	Document Type	Type	EasyFax	Date Received
	04/05/2009	ICAD-IEP	Final		

<< Back   Save   Save & Continue >>

- Click on *Create Draft IEP Document* to create a draft IEP.
- *Note: Draft IEPs will be saved for a limited time (30 days). Creating additional "Drafts" will replace the most recent "Draft" IEP.*
- Click on *Create Final IEP Document* to create a final IEP.
- If the system indicates that there are errors to fix first, you can click on *Display IEP Errors* to view what sections still need to be completed.

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Create Notification of Conference Recommendations

34-57E Information

Confirm the date of the IEP conference.

Date of Conference: 06/05/2012

Time of Conference: 1:30pm

At this conference it was determined that the child:

☑ Is eligible or continues to be eligible for special education and related services as listed in the IEP (Eligibility Determination: Developmental Delay (DD))

☐ Is not eligible for special education and related services.

☐ Requires a change in eligibility, as listed in the IEP conference summary report.

☑ Will receive the special education and related services as listed in the IEP.

☐ Requires a change of special education and/or related services/educational placement as indicated in the IEP.

☐ Requires a placement in an alternative education setting as documented in the IEP.

☐ Will be discontinued from special education and related services due to determination of ineligibility or reaching the age of 22.

☐ Is recommended for graduation

☐ Will be assessed with the Illinois Alternate Assessment (IAA). The IAA is aligned with the Illinois Learning Standards (grade level academic content) and scored against alternate achievement standards.

☐ Other

Signed

Tom Branigan

	Create Draft 34-57E Form	Create Final 34-57E Form			

Del	Date Generated	Document Type	Type	EasyFax	Date Received
☐	04/19/2011	ICAD-3457E-ParentGuardianNotificationOfConferenceRecommendations	Final		

<< Back   Save   Save & Continue >>

- **Create Notification of Conference Recommendations (34-57E)** for your student by entering the relevant information on the page.

- Create a draft or final document.

- Click *Save & Continue*.

- *Note: If you created the 34-57E I form n Eligibility Process, you do not need to create another form here.*

Parent / Guardian Consent for Initial Provisions

Create Parent Consent for Initial Provisions (34-57F) for Test Student

Signed

Ginger Test ▾

[Create Draft 34-57F Form] [Create Final 34-57F Form]

Del	Date Generated	Document Type	Type	EasyFax	Date Received
☐	07/30/2012	ICAD-3457F-ParentGuardianConsentForInitialProvision	(Draft)		

[<< Back] [Save] [Save & Continue >>]

- Indicate who signed the document, then click the appropriate tab to create the draft or final 34-57F form .

Del	Date Generated	Document Type	Type	EasyFax	Date Received
☐	08/06/2009	ICAD-3457F-ParentGuardianConsentForInitialProvision	(Draft)		

[<< Back] [Save] [Save & Continue >>]

- Click on the document to view it in Adobe. It will be printable from Adobe.

- Click *Save & Continue.*

- The remaining pages within the IEP Process are available for you to use when applicable:

Create Notification of IEP Amendment (34-57G)

Create Transfer of Rights Document (34-57I)

Manifestation Determination

Physician Order for Occupational and Physical Therapy

Nonpublic Facility Placement Contract

Revocation of Consent

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ISP Process

• If you need to create an ISP, click on the *ISP Process* tab in your blue tool bar and complete each page, just as you would in the IEP Process.

ISP Process
for Test Test

Review ISP Team ✓

Create Parent Notification of Conference (34-57D) ✓

Create Conference Report ✓

Student Information ✓

Annual Goals ✓

Educational Services Section ✓

Meeting Participants ✓

Review Conference Notes ✓

Create ISP Document ✓

• *IMPORTANT TIP:* In order for EasyIEP™ to recognize an ISP as the valid and current educational plan for your student (which ultimately drives the compliance status for your student), make sure to click on the student's *Personal Info* tab and select from the *Enrollment Type*: *"Parentally-placed into private school".*   Then scroll to the bottom of the page and click *Update the Database.*

State Reporting

State Reporting Information for Test Student

State Reporting Information

Fund Code: [▼]

Reasons For Exit:

[▼]

INDICATOR 13 - State Performance Plan

	EMPLOYMENT	EDUCATION	TRAINING	INDEPENDENT LIVING
Is a measurable post-secondary goal stated for this area?	○ Yes ○ No	○ Yes ○ No ○ NA	○ Yes ○ No ○ NA	○ Yes ○ No ○ NA
For each post-secondary goal, is the post-secondary goal updated annually?	○ Yes ○ No	○ Yes ○ No ○ NA	○ Yes ○ No ○ NA	○ Yes ○ No ○ NA
For each measurable post-secondary goal, is there evidence that the goal was based on age appropriate transition assessments?	○ Yes ○ No	○ Yes ○ No ○ NA	○ Yes ○ No ○ NA	○ Yes ○ No ○ NA
Is a course of study that is aligned to ALL the student's post-secondary goals indicated?	○ Yes ○ No			
For each post-secondary goal is (are) there annual goal(s) included in the IEP that is/are related to the student's transition services needs?	○ Yes ○ No	○ Yes ○ No ○ NA	○ Yes ○ No ○ NA	○ Yes ○ No ○ NA
Is there evidence that the student was invited to the IEP Team meeting where transition services were discussed?	○ Yes ○ No			
If appropriate, is there evidence that a representative of any participating agency was invited to the IEP Team meeting with the prior consent of the parent or student who has reached the age of majority?	○ Yes ○ No ○ NA			

Does the IEP meet the requirement of Indicator 13?

◉ Yes ○ No

- Click on *State Reporting* from the menu in the blue toolbar.
- Choose a drop-down choice for: *Fund Code* and *Reason for Exit* (if applicable)
  - Drop-down choices are based on ISBE codes
- Enter Indicator 13 – State Performance Plan information by selecting *Yes, No*, or *N/A* in the radio buttons to the right of each question.
- Choose *Yes* or *No* if the student meets Indicator 13 criteria.
- To view a preview of the document, click *Show Page*.
- When this section is completed, click *Save* .
- If you are ready to create a Final IEP, after selecting *Save,* a tab will appear that can easily take you back to the Create IEP Document page.

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[Show Page] [Save] [Return to Create IEP Document Page]

Summary of Performance Process

Help | Log Out | **Main Menu** | Students | My Docs | My Reports | Wizards | Schools | School System | Users | My Info | Super User | School System Ca

- Help   • **Students**   • **Students**   • Personal Info   • Eligibility   • Assessments   • Participations   • Accommodations • Goals & Objectives   • Special Ed Services
- Log Out • Main Menu • Contact Info • Communications   • Team   • Referral Process • Evaluation Process • Eligibility Process   • IEP Process   • Summary Of Performance

Summary of Performance Process
for Test Student

Summary of Academic Achievement and Functional Performance

Student Perspective

Recommendations to assist the student in meeting Post-Secondary Goals

Create Transfer of Rights Document (34-57I)

Create Delegation of Rights Document (34-57K)

Create Summary of Performance Document

- Click on *Summary of Performance* in the blue toolbar to begin this process.

- This section may be completed for a student at any time, especially when the student is exiting special education due to graduation or reaching the maximum age limit .

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Summary of Performance Process, cont'd.

- Click on ***Summary of Academic Achievement and Functional Performance***

- Summarize the student's current academic achievement and functional performance in the areas indicated as pertaining to post-secondary goals.

Summary of Academic Achievement and Functional Performance for Test Student

Summary of Academic Achievement and Functional Performance:

When completing this section, summarize the student's current academic achievement and functional performance in each area as it relates to post-secondary goals.

Reading:

Math:

Written Language:

Functional Performance (e.g. general ability and problem solving, attention and organization, communication, social skills, behavior, independent living, self-advocacy, learning style, vocational, employment)

[Show Section]   [<< Back]   [Save]   [Save & Continue >>]

- Click on ***Show Section*** to preview as a PDF document.

- Click ***Save & Continue*** to move to the next page in the process.

Summary of Performance Process, cont'd.

- The ***Student Perspective*** page should be completed by the student; assistance from another adult is optional.

- Student should state the strengths/needs that a professional should know about him/her, effects of disability on schoolwork & activities, helpful accommodations/services, and who completed this section.

- Click ***Show Section*** to preview as a PDF document.

- Click ***Save & Continue*** to move to the next page in the process.

Summary of Performance Process, cont'd.

- This page is titled ***Recommendations to Assist the Student in Meeting Post-Secondary Goals***

- Enter ***Recommendations*** and ***Contact Information*** for each of the areas listed:
  Post-Secondary Education / Training
  Employment
  Living
  Community Participation

- Enter ***Additional Comments/Information*** (optional).

- Click ***Save & Continue*** to move to the next page in the process.

Summary of Performance Process, cont'd.

- Indicate whether or not this is the one year prior notice of anticipated transfer of rights to the student, or the actual notice of transfer of all educational rights to the student.

- Choose the document signer from the drop-down.

Create Parent/Guardian and Student Notification of Transfer of Rights Due to Age of Majority for Test Student

34-57I Information

CHECK ONE:

○ This serves as your one (1) year prior notice of the anticipated transfer of educational rights to the above named student under IDEA.

○ This serves as your notice that all educational rights under IDEA have been transferred to the above named student.

Signed: [▼]

[Create Draft 34-57I Form] [Create Final 34-57I Form]

Del	Date Generated	Document Type	Type	EasyFax	Date Received
☐	07/31/2012	ICAD-3457I-TransferOfRights	(Draft)		

[<< Back] [Save] [Save & Continue >>]

- Click *Create Draft or Create Final* to generate & view the 34-57I document.

- Click *Save & Continue* to move to the next page in the process.

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Summary of Performance Process, cont'd.

- Example of *34-57I – Transfer of Rights Document*:

ILLINOIS DEMO SITE

11 Oyster Bay Road - Anywhere, IL 60000
Phone: 111-111-1111 - Fax: 222-222-2222 - Website:

PARENT/GUARDIAN AND STUDENT NOTIFICATION OF TRANSFER OF RIGHTS DUE TO AGE OF MAJORITY

DATE: 07/31/2012 **STUDENT'S NAME**: Test Student **STUDENT'S DATE OF BIRTH**: 01/01/1995

Dear Mr. and Mrs. Student and Test Student:

When a student with a disability reaches 18 years of age (the age of majority under State law) all educational rights transfer from the parent(s)/guardian(s) to the student. The Individuals with Disabilities Education Act (IDEA) requires that both parent(s)/guardian(s) and the student receive notice of the transfer of educational rights one year prior to the student's eighteenth birthday. However, the parent(s)/guardian(s) will continue to receive the ten day notice prior to the date of any special education meeting after the student turns eighteen.

On the date of age of majority, all rights pertaining to the special education program/services shall transfer from the parent(s)/guardian(s) to the student unless the school district is otherwise notified (e.g. *Delegation of Rights to Make Educational Decisions* form).

Student's legal name: Test Student Date of age of majority: 01/01/2013

CHECK ONE:
[X] This serves as your one (1) year prior notice of the anticipated transfer of educational rights to the above named student under IDEA.

[   ] This serves as your notice that all educational rights under IDEA have been transferred to the above named student.

If you have any questions concerning this procedure or require an additional copy of your rights, the **Explanation of Procedural Safeguards**, please contact:

Name: S. Ed Director Title: Special Education Director Phone: 708-222-2222

Sincerely,

(Signature)
Name: Mr. John Doe
Title: Administrator

EASY FAX

ISBE 34-57I (4/08)

Fax Generated on '07/31/2012'
13/-.00215259
Version: 1.0

Summary of Performance Process, cont'd.

- This page is labeled *Create Delegation of Rights Document 34-57K*.

- Indicate the date the notice will be sent to the parents by either typing into the date text box, or clicking on the calendar icon to the right of that to choose your date from a calendar.

Create Delegation of Rights to Make Educational Decisions for Test Student

Date Sent: [ ]

| Create Draft 34-57K Form | Create Final 34-57K Form |

Del	Date Generated	Document Type	Type	EasyFax	Date Received
☐	07/31/2012	Create 3457K - Delegation of Rights	Final		

<< Back   Save   Save & Continue >>

- Click *Create Draft* or *Create Final* to generate and view the 34-57K, Delegation of Rights document.

- Click *Save & Continue* to move to the next page in the process.

Summary of Performance Process, cont'd.

Create Summary of Performance Document for Student Test123

Click on the button below to create a Final Summary of Performance. You can create a Final Summary of Performance only if all the errors have been fixed.

Create Draft Summary of Performance Document	Create Final Summary of Performance Document

Del	Date Generated	Document Type	Type	EasyFax	Date Received
☐	09/09/2011	ICAD-SummaryOfPerformance	Final		

[<< Back] [Save] [Save & Continue >>]

• The final page in this process allows you to create a summary of performance document. This document will pull in all of the information that has been entered previously within this process.

• Click *Create Draft* or *Create Final* to generate and view the Summary of Performance document.

• Click *Save & Continue* to complete this process.

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Summary of Performance Process, cont'd.

- Example of a *Summary of Performance* document.

SUMMARY OF PERFORMANCE
Page 1

Student Name: Test Student	Date of Birth: 01/01/1995	Date: 07/31/2012
Address: 123 Main Street	Telephone Number:	Graduation/Exit Year:
Email Address:	Primary Language:	Guardian (if applicable): Mr. and Mrs. Student
Resident District # Home School Name: Test School	SIS #: 0123456	School/Program (at time of exit): Test School

SECTION I: Summary of Academic Achievement and Functional Performance

When completing this section, summarize the student's current academic achievement and functional performance in each area as it relates to post-secondary goals.	
Reading	Summarize the student's current academic achievement and functional performance in READING as it relates to post-secondary goals.
Math	Summarize the student's current academic achievement and functional performance in MATH as it relates to post-secondary goals.
Written Language	Summarize the student's current academic achievement and functional performance in WRITTEN LANGUAGE as it relates to post-secondary goals.
Functional Performance (e.g. general ability and problem solving, attention and organization, communication, social skills, behavior, independent living, self-advocacy, learning style, vocational, employment)	Summarize the student's current functional performance as it relates to post-secondary goals.

SUMMARY OF PERFORMANCE
Page 2

Test Student   07/31/2012

SECTION II: Student Perspective

This section should be completed by the student or with the assistance of another adult.

1. What strengths and needs should professionals know about you as you enter the post-secondary education or work environment?
My strengths are _____

2. How does your disability affect your schoolwork and school activities (such as grades, relationships, assignments, projects, communication, time on tests, mobility, extra curricular activities)?
My disability affect my school work and acvities by _____

3. What accommodations/services or other supports have you found the most helpful?
The most helpful accomplishments and services are _____

Information was completed by: [X] Student   [ ] Parent   [ ] Other:
                                   [ ] Independently
                                   [ ] With adult assistance

SUMMARY OF PERFORMANCE
Page 3

Test Student   07/31/2012

SECTION III: Recommendations to assist the student in meeting Post-Secondary Goals

When completing this section, identify recommendations and contact information for each transition planning area.

AREA	Recommendations	Contact Information (Name and/or title, phone number, address and/or e-mail of person of agency)
Post Secondary Education / Training	Recommendations for Post-Secondary Education / Training listed here	John Doe 555-555-5555
Employment	Recommendations for Employment listed here	Jane Doe 111-111-1111
Living	Recommendations for Living listed here	Test Administrator 222-222-2222
Community Participation	Recommendations for Community Participation listed here	Test Teacher 333-333-3333

Additional comments/information:

Document compiled by: _____ _____ Contact information: _____
                      Signature/Title   Date

Log Out & Exit EasyIEP™

- To log out, click on the *Log Out* tab toward the left of the green menu bar.

- You can log out of the system at any time. You do not have to go back to the main menu first.

- After you log out, close your browser by either choosing File→Exit, *or*

  Macs - Click on the square in the upper left hand corner

  PCs -   Click on the "X "in the upper right hand corner

- **You should log out of EasyIEP™™ and close your browser if:**
  - You step away from your computer
  - You are finished using the system
  - You are leaving for the day

If you do not log out and close your browser, anyone could access information in EasyIEP™™ or enter information under your user name. It is crucial that all users commit to keeping the data in EasyIEP™™ secure.

Whenever you need help beyond this User Manual, please feel free to call us on the ICAD Support Phone number at:

866-506-2947

You may also send us an email via our Message Board, located at the top of the Main Menu. We are always here to help. Good luck!